The Canadian Nurse

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TUBERCULOSIS AMONG NURSES

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Although the tuberculosis death rate among the people of Canada is only half of what it was twenty years ago, and although in some areas the number of new cases is now decreasing, the number of pupil nurses breaking down with tuberculosis shows no sign of abating. This situation was brought to the attention of hospital authorities most forcibly by Stewart and Ross of Manitoba in 1930. They found that in Manitoba during a period of four years about six per cent of pupil nurses became sanatorium patients directly from their training schools, or within a year after leaving them.

Incidence

Following this publication we have kept records of the number of nurses-in-training in Saskatchewan hospitals and the number admitted for treatment each year under the Anti-Tuberculosis League. It is possible that a few cases have developed who have not been admitted to the League, but under a system of free treatment this number is perhaps negligible. Our study shows that during the four-year period 1930-1933 the average incidence of admissions among nurses-in-training was 12.7 per thousand per year; during the years 1934 and 1935 it was 8.9 per thousand; the incidence for the period 1930-1935 inclusive was 11.47 per thousand. This incidence was five and a half times that in the general female population in the age group 20-24 years; and seven times that found among young adult Normal School pupils.

During 1934 there were 8,306 school teachers employed in Saskatchewan. From this number the incidence of admissions to sanatoria in 1934 was less than one per thousand — 0.84 — or one-tenth that among nurses-in-training. A good deal of study has been given to the cause of this relatively high incidence of breakdown in pupil nurses in comparison with teachers, and it should be helpful in presenting the problem to review the factors briefly.

Nurses and Teachers

The two groups, nurses and teachers, trained in the same province, from the same cities, towns and rural districts, and frequently from the same families, have a great many things in common. The young women entering the two professions have excellent physique, but judging from appearances I would concede a slight advantage to the nurses. The educational requirements are now about equal.

As regards possible evidence of tuberculosis, the nurses are more carefully selected. Most of them are required to have radiographs of the lungs before they are accepted on probation, and a bad family history would greatly prejudice their acceptance. The Normal School students, on the other hand, are accepted on a certificate of good health, without

An address delivered at the General Meeting of the Canadian Nurses Association, July 3, 1936.

radiographs, and irrespective of family history.

As regards working quarters, the nurses probably have the advantage as the hospitals are better ventilated and are more uniformly heated. As far as off-duty living and lodging quarters are concerned the nurses, with the excellent homes now provided, again have the advantage. The food of the nurses affords better quality and more variety. However, it is prepared in institutions, usually under the supervision of a dietitian, instead of in homes. The slightly better average nourishment of the nurses would incline me to give the dietary advantages to the nurses. Nurses work longer hours, but perhaps have less mental worry and nervous tension than teachers. Nurses' hours of rest are regulated, as well as their hours of work.

Analysis of these factors leads me to say that nurses have a slightly better physique, a slightly better record of family resistance, and that factors calculated to maintain non-specific resistance are more favourable. It will be generally conceded, too, that nurses get a more thorough training in general health measures; a very special training in sanitary technique, calculated to protect them against infection; and much better routine health supervision. Their defects are promptly corrected, and they have the best medical and surgical consultation without cost.

Teachers are sent out among the healthy population and immediately strike an incidence of tuberculosis morbidity about the average for the population in the same age group. Pupil nurses are occupied caring for the sick, and quickly strike an average incidence of tuberculosis morbidity five and a half times higher than the maximum female incidence in the most susceptible age group of their sex.

Exposure

At the age of entering hospitals, according to our information for this age group in Saskatchewan, the majority — 75 per cent — have had measles, 53 per cent have had pertussis, and all are vaccinated against smallpox, typhoid and diphtheria. Epidemics of influenza, colds, sinus infection and sore throat do periodically attack nurses, but pneumonia is rather uncommon in this age group. The one infection few have had prior to acceptance is tuberculosis. In Saskatchewan at the present time only about 22 per cent in the age group 20-24 years have a positive tuberculin indicating infection. Fifteen years ago a study made of this same age group showed 75 per cent infected, as indicated by the tuberculin test. A considerable proportion would have come from families where there had been a case of tuberculosis. In this respect the condition of the potential host has markedly changed in the past fifteen years.

The hospital where nurses are trained is an institution for the sick and diseased; a gathering place for infectious diseases, including tuberculosis. It is true that there are not as many tuberculous cases in general hospitals today as there were fifteen years ago. Great numbers of the tuberculous sick have been segregated in sanatoria. Still there are many patients who spend a period of observation in the hospital before coming to the sanatorium.

There are also unidentified tuberculous cases who come to the general hospitals for treatment of intercurrent diseases, for surgical treatment, etc., and who are discharged with the chronic disease undiagnosed. There is still tuberculosis among the hospital's sick. Repeated tuberculin tests show that soon after nurses enter training many become infected with tuberculosis, and after three years the majority are infected.

Not only are the hospital patients less infectious than they were twenty years ago, but the hospitals are now better equipped to carry out infectious tech-

nique. They have better floors; better hand-washing facilities; better sterilizing facilities; better laundries; and some, but by no means all, sterilize their dishes. In conformity with progress in nursing education, there is now better instruction in personal sanitary technique. The hospital as a working place, and the nurses' residence as a home, have been immensely improved.

The age on entering, as shown in the Regina General Hospital records, is practically the same as it was fifteen years ago, being 20.87 years in 1921 compared with 20.11 years in 1936. An analysis of the physique of a group of nurses admitted to the Fort Qu'Appelle Sanatorium showed them to be average. They were also a group who took average care of their health, both on and off duty.

Better Conditions

To summarize the pros and cons, we find that nurses working in hospitals today, compared with twenty years ago:

Have better buildings in which to work and live.

Have better facilities for carying out infectious technique.

Receive better training in personal sanitary technique.

Are exposed to less infectious tuberculous patients during training.

Have less tuberculosis disease themselves, and less than one-third the tuberculosis infection on entering the hospital.

Have a higher standard of physique and a better education on entering.

Work shorter hours than previously, but the complaint among ten nurses who had broken down with tuberculosis was that in many hospitals there is still overwork due to long hours, and altogether too many classes during off-duty rest periods.

Have better and more varied diet, usually supervised by dietitians, but it lacks the tastiness of the home cooking these girls are accustomed to. Many complain of insufficient time to eat their meals.

Have better health supervision during training, but there is still evidence of lack of prompt relief in case of illness, and too short a period of convalescence after serious illnesses.

In a word, the nurses of today (a) are exposed to less infection during training; (b) have a higher non-specific resistance, according to facilities provided; (c) have superior armour of technique for avoiding infection.

And Yet . . .

These advantages appear to be entirely counterbalanced by other factors, some of which are: (a) Nurses now have less tuberculosis infection on entering hospitals, consequently a larger proportion become infected for the first time during training; (b) there has been less elimination by sickness and disease prior to training; (c) nurses have less proven specific resistance to tuberculosis on entering.

Altogether, it would seem that the applicants today are much more susceptible to tuberculosis; so much more so that this factor has counter balanced all other important preventive factors. The result is that this profession has become a difficult tuberculosis problem on account of the relatively high incidence among its members.

The Remedy

As regards factors affecting non-specific resistance, the most insistent suggestion is further reduction in the hours of work, and less interference by lecturers with hours off duty. The urgency of the situation would seem to necessitate that the day be reduced to eight hours, in order to remove any debilitating influence attributable to overwork. This responsibility rests upon the boards of management of hospitals in as much as it is largely a matter of first cost.

We have conceded that tuberculosis is an infectious disease, but we have not reacted accordingly. Tuberculosis has been surrounded by only a semi-infectious technique, as compared with measles

or scarlet fever. As time approaches when nearly all probationers are susceptible to tuberculosis only a full infectious technique will be adequate. With the present status of technique, infection increases progressively after entrance.

Our failure to prevent tuberculosis infection in hospitals suggest that there be: (a) earlier and better instruction in sanitary technique; (b) better and more convenient facilities for hand washing; (c) complete sterilization of dishes; (d) more prompt identification of spreaders among hospital patients.

Knowing that without infectious patients in the hospital there would probably be few breakdowns among nurses, we must concentrate on the source of infection. An effort should be made to identify infected patients entering the hospital wards. In fairness to nurses, they should be known in order that the greatest precautions can be taken in their care. Routine examination of the sputa of all coughers entering the hospitals should assist in this regard, and a greater use of tuberculin and radiographs in undiagnosed cases would probably be of equal importance.

There should be an advance in the entry age. It should now be pointed out most forcibly that the pupil nurses are being selected from the most susceptible age group in the community. It is known to all tuberculosis workers that the female age group between 20-24 years have an incidence of breakdown from tuberculosis approximately double that found among males of the same age group and also double that found among females ten years older. Probably one of the simplest suggestions would be to increase the entry age to twenty-five years, which would have the same effect as increasing resistance.

A Word of Warning

Are we depending too much on the barrier of infectious technique in the case of these newly initiated nurses? The attainment of a high degree of perfection in infectious technique requires time and a great deal of practice. It may appear to be an admission of weakness on the part of hospitals that they cannot protect their uninfected nurses-in-training from tuberculosis. The difficulty arises from the fact that the nurse may be exposed in many cases early in her training, and before a protective technique can be acquired. In this respect the nurses-in-training in general hospitals differ widely from nurses who are taken on the staff of acute infectious hospitals after they have had one or two years' training in general hospitals. Semi-infectious technique has failed to protect student nurses against tuberculosis. Full infectious technique in the general wards of general hospitals does not exist, except in a few isolated cases.

Heimbeck, in Oslo, through an experience with nurses entering Oslo Municipal Hospital for training, found that the majority of breakdowns occurred in nurses who gave a negative reaction on entering. This would indicate that the measure of resistance, associated with a positive reaction gave a degree of protection to persons who were practising a sanitary technique.

INCLUDING PUBLIC HEALTH NURSING

On the afternoon of October 30, 1936, the West Hall of University College presented a dignified setting for the first graduation exercises of the University of Toronto School of Nursing. The President of the University, Dr. H. J. Cody, awarded to six graduates of the new three-year course diplomas which carry the double qualification: "in general nursing, *including public health nursing.*" At the same time certificates were presented to fifty-one graduate students who had completed one-year courses during the past academic year, and diplomas to seven who formed the last class to study public health nursing under the old four-year arrangement.

On the platform with the President of the University and Miss E. Kathleen Russell, Director of the School, were: Miss Mary Beard, Associate Director of the International Health Division of the Rockefeller Foundation, who addressed the graduating class; Dr. B. T. McGhie, Deputy Minister of Health of the Province of Ontario; Dr. Robert Defries, representing the School of Hygiene of the University of Toronto; Alderman Adelaide M. Plumptre, representing the Ontario Red Cross Society, and Dr. H. T. Kerr of Pittsburg, each of whom extended greetings to the School and its graduates.

Before presenting to Dr. Cody those about to graduate, Miss Russell reported on the progress of the School from the time of its inception to the present. Commenting on the fact that one class had completed the circle of the new training, Miss Russell said:

> Our past as a teaching unit in the University of Toronto goes further back than three years. From a small teaching department which was established in 1920, through the generosity of the Ontario Red Cross, the growth has been continuous now for sixteen years. In that time more than six hundred nurses have passed through these halls. Most of these have taken the one-year courses, either in public health nursing or in preparation for hospital staff work; the remainder have been enrolled in the four-year training that was worked out through the generous co-operation of the Toronto General Hospital and others. Now that four-year arrangement has been developed into the new three-year course, while the original one-year programmes have been continued.

Attempting to answer some of the questions levelled at the School through-

out the past three years, in particular, *Are you asking for yet more education for nurses?* Miss Russell stated emphatically that this was not the case. *It is not more education that we seek, but more appropriate education, so that content and arrangement and environment will yield the utmost for the student during her years in the nursing school. Our claim upon the University lies solely in the logic of making use of existing facilities which are needed for preparing the nurse, if she is to have the true dignity that accrues to a worker who is well prepared, and able, thus, to give satisfying service.*

After outlining the work of the School as threefold in nature — first, to give preparation for public health nursing; second, to see if one general training course in nursing can prepare at one and the same time for both hospital and public health nursing work; third, to give post-graduate courses to nurses already trained in hospital schools—Miss Russell spoke with appreciation of the useful part played by graduates of the past in the life of the province, more than three hundred of whom are working in Ontario, either in the public health field or in hospitals.

To the members of the graduating class Miss Beard addressed a message distinguished by rare beauty of diction and permeated throughout by much of her own mellow philosophy. Reminding them that although the School represented new things in the preparation of the nurse, the profession they were entering was not new, Miss Beard spoke to the graduates of the satisfactions, opportunities and responsibilities of that profession. Two things needful for realization of the deepest satisfactions in nursing were, character, strengthened and developed by meeting adequately the responsibilities of life; and experience, which they were now on the threshold of acquiring:

It has been demonstrated that life may be of small value, but of great dignity. If the nurse can carry that conviction into every family and to the bedside of every patient she cares for, she can never fall short of realizing the deepest satisfaction the profession can afford. And added to that conviction of the dignity of life must come the knowledge that none can work alone, that only by joining every effort closely to those of our fellowmen can creative work ever be accomplished.

The names of the students graduating from the three-year course are: Rosella Cunningham, Cobourg; Mary Haslam, Toronto; Jean Leask, B.A., Moose Jaw; Mary Thom, B.A., Regina; Marion Plaunt, Sudbury; Nora Yeo, Toronto. Following the graduation exercises a reception was held in their honour at the School of Nursing which brought to a happy conclusion the ceremonies which marked this historic occasion in the annals of nursing education.

COMING EVENTS

A general meeting of District 5, Registered Nurses Association of Ontario, will be held at Toronto Western Hospital, on December 3, 1936. At the afternoon session Miss Norena Mackenzie will speak on the "Curriculum Study." Miss Mackenzie was until recently a member of the teaching staff of the School for Nurses of the Montreal General Hospital and was closely associated with the work of the Central Curriculum Committee. She has recently been appointed to the teaching staff of the School of Nursing of the Hospital for Sick Children, Toronto. Short Section meetings will be held before supper in the Solarium. The speaker at the supper meeting will discuss international affairs.

THE EDITOR'S DESK

A Serious Menace

During the past five years several careful studies have been made of the incidence of tuberculosis among student nurses. At the Biennial Meeting of the Canadian Nurses Association a thoughtful and closely reasoned study of the situation was presented by Dr. R. G. Ferguson, director of medical services and general superintendent of the Saskatchewan Anti-Tuberculosis League. Dr. Ferguson's findings appear as the leading article of this issue of the *Journal*. He is far from being an alarmist and his competence to warn and advise us is beyond question. He tells us that the incidence of tuberculosis among student nurses is five and one-half times higher than that of the maximum female incidence in the most susceptible age group of their sex. Something is radically wrong.

The Canadian Hospital Council published, in 1935, a valuable booklet entitled "Tuberculosis in the Nursing Profession" which bears out the facts presented by Dr. Ferguson. This should be carefully studied by all who are associated with hospital administration and especially by members of boards of directors. In an early issue the *Journal* will present a discussion of Dr. Ferguson's searching and valuable diagnosis.

The Retort Courteous

In the November issue of the *Journal*, under the caption of "Let us try to understand," we challenged some of the statements made by Dr. Basil MacLean in his provocative article, "Nurses — what next?". We had expected a sharp reply—but here is Dr. MacLean's amiable response to our mild protest:

I cannot emphasize too much my appreciation of your fairness in commenting on "Nurses — what next?" for in some quarters there has seemed to be a misinterpretation of my attempted use of humour to season the article. Unfortunately the last paragraph was cut and I am taking the liberty of enclosing a reprint with the last few lines as they should have appeared. No doubt the ending seemed rather abrupt and I did want it clear that I was making a plea for steadiness, common sense and moderation.

Responsibility for condensing Dr. MacLean's concluding paragraph lies with the publication in which his article first appeared and not with this *Journal*. The original wording follows:

Hospitals do not wish to exploit nurses. Moreover, hospitals recognize the potentialities of political pressure by organized groups and realize the dangers and implications of the present situation. They also are sympathetic to the desire of nurses to fit themselves better for the work of nursing. The plea which is made is merely the age-old one, for moderation. The sick must and will be cared for. There is a limit, however, to the financial burden which can be borne by the public and the hospitals which are owned by the public. The nursing army must have generals and other ranking officers. There must also be nursing soldiers, however, and a shortage is feared in the front line trenches. It would be well, therefore, to remember that in the end this problem is largely an economic one and to reflect that the happiness of future relationships between nurses and hospitals depends largely on the amount of common sense which seasons now their actions and ours.

We now present the comments of Mr. C. R. Chenoweth, superintendent of the Royal Victoria Hospital, Montreal, and president of the Canadian Hospital Council:

I have read with interest your observations in the November issue of *The Canadian Nurse* under the heading of "Let us try to understand."

It seems to me this caption in itself has much significance for us all. It has been said that: "Contention for principle is a virtue, providing always that the virtue of the principle is not lost in the fervency of the contention." There seems to be a lot of fervency these days. The world is much troubled by leftists and rightists, the extremes, and between the two is the ideal, the middle course which is the symbol of sane and logical thinking — moderation in all things. Possibly in the melting process we will ultimately arrive at a better understanding. In the meantime, as you have said, we must try and understand each other.

The attitude taken by Dr. MacLean and Mr. Chenoweth is similar to that which was displayed by Dr. A. K. Haywood in the fine address which he delivered at the Biennial Meeting. Shorn (alas!) by the author, of much of the delightful humour of the original, we present "Nurses and Nursing" as evidence of goodwill on the part of hospital administrators towards the profession of nursing. But we regret that we allowed Dr. Haywood to do his own editing!

Correspondence

The Duty of Happiness

I do not remember having read in any nursing journal such a forceful and arresting statement as that made by Miss Julia A. Moody of Winnipeg in a letter published in the October number of *The Canadian Nurse*.

She has, I believe, put her finger on the festering spot. Nurses, as a group, on this continent are not happy looking; they are, as Miss Moody says, much more frequently bored and cynical looking. She is also right in saying that the public is not dissatisfied with modern nursing technique which is assuredly much more efficient than ever before. Nevertheless, the public is not entirely satisfied with nurses. Miss Moody thinks that the cost of nursing service is not an element of this dissatisfaction; I cannot agree with her there, nor would I dare to go so far as she does in the matter of the "hard look." But we must come back to the main point of Miss Moody's letter — the apparent lack of happiness evident in nurses as a group.

Perhaps we are not a happy people generally in Canada in this first half of the twentieth century. Certainly we are not endowed with racial gaiety or light-heartedness, nor have we the smooth and beautiful manners which go a long way towards covering up the inner discontent of the individual. Nevertheless, in the not so far remote pioneering days, there was a zest in life which left no place for boredom or cynicism, and a spirit of neighbourliness which is a very good foundation for pleasant manners.

It may have been because the mothers of the present generation of nurses were pioneers in the new field of professional nursing, that they had radiant faces, or it may have been as Miss Moody thinks, that they drew their inspiration from deep spiritual sources. In any case, they had a quality which is a *sine qua non* for those who have to deal with sick people and with children.

We have been stressing education and economic betterment for nurses in the last two decades, and we must continue to do both these things. That task is not nearly completed. But we must also try to remove the cause of the dissatisfaction of the public with our profession. It is too widespread to ignore. Towards that end, we must try to attract young women with healthy physique, well-trained minds, good manners, and with a deep purpose in life. Perhaps that old-fashioned and almost discarded word "vocation" might come into use under a modern name. Then, there should be the utmost care taken in order to banish the "disillusionment" process during the period of training. Finally, those of us who make up the profession should search our own hearts to see if they are "empty." We owe the duty of happy faces to those who are on the threshold.

JEAN E. BROWNE, Toronto.

Miss Moody is Challenged

Having read with interest the letter from Miss Julia A. Moody, entitled, "A New Commandment" which appeared in the October number of *The Canadian Nurse*, I pondered for some time upon the observations which the writer made concerning the attitude of an increasingly large number of younger graduate nurses towards their profession. It is indeed sad to behold the disillusioned student nurse, the unsympathetic and sometimes discourteous staff nurse, as well as those other nurses in whose faces one seldom sees a gleam of kind-

ness or good humour. To these unhappy members of our profession I think we should extend our sympathy, and in so far as it lies within our respective fields attempt to eradicate contributing causes which might affect future student nurses.

The outlook and state of mind of these various discontented nurses seems to give some indication that, in some cases at least, an unwise choice of profession was made in the beginning. In other cases it would appear as though the training school and hospital staff had some responsibility in the matter. In the institutions in which these nurses work, either as graduates or students, one may find among staff members, one or more nurses who cannot guide others effectively because they themselves are not well adjusted and lack an understanding of people. Immaturity of outlook, as well as lack of recreation to maintain mental and physical health will result, undoubtedly, in lack of enthusiasm towards one's work.

I believe that if we look fairly and squarely at the nursing world as a whole, we must recognize the fact that in our own profession, as in any other walk of life, we have dissatisfied, unsuited or unhappy members, but in all fairness, I feel we must also admit that this is a comparatively small group. The younger nurses belong to the post-war generation, and it is this group in particular, which has found it especially difficult to adjust itself sanely and happily to rapidly changing conditions in a chaotic world. It has been difficult for many individuals to preserve a right perspective and sense of values.

I speak now as a fairly recent graduate. I completed my training in a general hospital not quite three years ago. Among my own classmates and the other undergraduate students, I had the pleasure and privilege of working with many girls who were happy in their work and loved nursing. I have reason to believe that I am speaking truthfully when I say that the majority still cherish many happy memories of days in training as well as hard work, and that we have feelings of loyalty to, and affection for, our training school and hospital at the present time.

If one looks upon graduating from a training school as a final achievement in the nursing world, that is one thing, but if one looks upon the three years spent there as time used in laying a firm and true foundation for future service, then the younger graduates who have found since graduation that this foundation was of a high order, can and do appreciate their training schools to-day. In the field of nursing, as elsewhere, is it not true that we get out of our work largely what we put into it?

It has been suggested that the nurse to-day does not stand high in public esteem. I am happy to say that in my limited experience I have had the opportunity of coming in contact with different classes of society which receive various nursing services. I have found that in general, the attitude on the part of the patient and the family towards the nurse in the home, the clinic or the discussion group is one that would indicate confidence in, and respect for, the individual nurse, as well as for the hospital or organization which she represents. Further, I am of the opinion that members of the medical profession, social workers, and a number of educationalists feel, as they work with us, that in general, we are striving honestly as individuals and a group, to meet more adequately the needs of the community as a whole.

Concerning the standard of nursing slipping back in some sections rather than forging ahead, I would ask the question: "Is it really the standard that is being lowered, or does it simply mean that a number of nurses, who are not at all keen about their work, have fallen down on the job generally?" I consider that when one sees young graduates gladly taking any work as it comes to them for a year or two in order that they may save enough money to take further postgraduate courses at universities for one year at least, or others definitely planning several years' study along with their work, interest is not lacking in raising the standard of nursing. While in some places, undoubtedly, attendance at public meetings is poor, that is, we are glad to say, not the condition which exists everywhere, for in many places, nurses, both old and young, meet in large numbers for the purpose of furthering their education, after a full day's work.

Finally, I would like to pay tribute to those nurses, both old and young, who through depression times have faced anxiety and sometimes distress, with courage and a fine spirit worthy of the ideal nurse. It is surely good for us to see our faults, and to be dissatisfied, providing we are prepared to struggle on towards the best we know. The spirit of Florence Nightingale is still alive to-day!

ANN PEVERLEY, Montreal, Que.

News From Korea

Fifteen foreign (English, Canadian, American) and about thirty-five nurses gathered in Seoul recently for the annual meeting of the Nurses Association of Korea. Such matters as the standardization of nurses' salaries, the curriculum and entrance of non-(Government) registered training schools, the printing and

publishing of textbooks for nurses, and the possibility of sending a delegate to the meeting of the International Council of Nurses, to be held in London, England, next year, were among the questions discussed. Reports of work were read by representatives of thirteen Mission Hospitals, and from various public health and school nurses, showing that the nurses of Korea are doing much preventive work, but showing also how much remains to be done.

A the last meeting of the International Council of Nurses the Nurses Association of Korea was admitted into membership, but only as a branch of the Nurses' Association of the Japanese Empire. We are hoping to send our vice-president, Miss Chungai Lee, as our delegate to the meeting of the I.C.N. next year. We are not positive that we shall be able to do so, as the delegate will have to be sponsored by the N.A.J.E., but we are hoping that she will meet with their approval, and in the meantime are going ahead with our plans for raising funds to send her.

An evening was set apart to celebrate Florence Nightingale's birthday. The celebration took the form of a play, presented by the student nurses of Severance Hospital, founded on fact, but assisted by a very lively imagination. The first act showed us a scene in the Nightingale home in England with Florence's sister getting ready to go to a ball, and trying to persuade Florence to accompany her. A little later a young man appears and adds his persuasions, but Florence refuses and declines his offer of marriage, declaring herself to be dedicated to the cause of humanity. The second act took us to Kaiserswerth, where Mrs. Fleidner was at work training six probationers. A letter arrives from Florence Nightingale followed shortly by Florence herself. She decides to spend some time in the training school, studying and observing. In the third act she appears as the traditional "Lady of the Lamp", in the army hospital at Scutari, but we also got a glimpse of the opposition and persecution which were her lot, and which she suffered gladly for the sake of the suffering and friendless.

ADA SANDELL,
Canadian Mission Hospital,
Ham Heung, Korea.

(*Editor's Note*: Miss Sandell is a graduate (1922) of the School of Nursing of the Lamont Hospital, Lamont, Alta.)

OFF TO ENGLAND

One of the most active and interested readers of the *Journal* is Miss Annie Colquhoun, a member of the class of 1892 of the School for Nurses of the Montreal General Hospital. In a recent letter she tells us that she is going to spend the winter in Paignton, Devonshire, England, with her classmate, Miss Cooper. Miss Colquhoun says that she would very much like to have attended the Biennial Meeting in Vancouver and refers to the second annual convention of the Canadian Society of Superintendents of Training Schools which was held in Ottawa in 1908 with Miss Snively presiding. Miss Colquhoun attended as one of the delegates who represented the Canadian Nurses Association of Montreal, and Miss Lillian Phillips shared honours with her. Miss Colquhoun has loaned us the Proceedings of that historic occasion and very interesting reading they are. Mr. John Ross Robertson, who will be remembered as the enlightened president of a Board of Directors of the Hospital for Sick Children in Toronto, gave an excellent address. He described the abominable housing conditions which prevailed in some hospitals at that time — five student nurses in one room and night nurses sleeping in the day nurses' beds. Well — the world do move.

Department of Nursing Education

NURSES AND NURSING

A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital, Vancouver, B.C.

There was a time, many years ago, when such a title as this would have seemed to me a golden opportunity to take the nursing profession to task, or to air many so-called grievances against the heads of our training schools, but that was when I was impetuous and beginning the study of hospital administration. At that time I was willing to pit my enthusiasm against the knowledge of training school directresses who were exceedingly wise in their particular profession, and may I at this time pay my tribute to some of those with whom I have been associated and for whom I have the happiest recollections, and to whom I consider myself greatly indebted, namely Miss Snively, Miss Lawler, Miss Alice Stewart, Miss Robina Stewart, Miss Gunn, Miss Livingstone, Miss Young, Miss Holt, and last but with deepest admiration, my present partner in time of trouble, Miss Fairley.

Hospital administration of today is an entirely different problem than twenty-five years ago, as I first knew it. Since that time our hospitals have been compelled to undergo many radical changes. I refer in particular to questions of policy and finance, and in each of these broad principles the training school has a very definite relationship to the administration.

Hospital management is to a great extent patterned after modern business administration. The careless happy-go-lucky methods of conducting charitable institutions in the past have given way to modern methods. By departmentalization we have allocated definite authority to responsible heads, and not the least important, if not the most important, is the training school. The successful administrator will take his departmental heads into his or her confidence, share with them his successes or troubles and earnestly try to understand theirs, and by this understanding carry his full share of the load.

Modern hospital administration has added very materially to the problems of the training school. Take, for example, the amount of clerical work of a purely business nature that has been placed upon it, and from the training school head finally down to the student nurse tactful consideration of the difficulties and inconveniences that this will entail will go a long way to secure this co-operation. Training school heads are, as a body, reasonable people, and can be shown whereby these improved business methods are both necessary and of great benefit to the hospital.

The policy of not letting your right hand know what the left hand is doing has been tried in hospital administration and has failed miserably. If the matron of your training school is to be expected to instill into the nurses the spirit of co-operation so essential between the various departments of a hospital, it is necessary that she be as well informed as possible of the problems of those other departments. This has been amply proven by the assistance rendered by the nursing department in the stringent economies we have all had to practice during the last six years.

Of late years, under the leadership of the nursing profession, hospitals are realizing more and more that their responsibility is to provide adequate nursing care to all patients regardless of their ability to pay for it. By adequate nursing care is meant the amount of care essential

An address delivered at the Biennial Meeting of the Canadian Nurses Association, July 3, 1936.

to provide for the well-being and recovery of the patient, both mental and physical. This has led to the formation of countless committees and study groups, arguments, pro and con, for student nursing versus graduates, ratio of nurses to patients, employment of ward assistants, the eight-hour day, and countless other subjects that we could elaborate on for hours. But the danger mark is reached when we place more work upon the shoulders of the nurses than they are capable of doing. To quote from "Clinical education in nursing": "A fact to be faced by hospital and nursing administrators is the impossibility of doing two hours of work in one hour of time and maintaining good standards."

As the nursing personnel of any hospital, large or small, is greater than all the other groups put together, it is natural that the developments and improvements, as well as the weaknesses, reflect on this department, and to carry this further it would be correct to say that the strength or weakness of the nursing department reflects directly on the hospital.

That valuable manual, published this year by the American Hospital Association and the National League of Nursing Education, "The essentials of good hospital nursing service", starts out by stating: "Good nursing is a prime requisite of a good hospital." May I make it clear that I am thinking in terms of the small hospitals as well as the large, for I realize that many of those present are not only nurse administrators but hospital administrators also, and how can we draw any hard and fast lines between hospital responsibilities and nursing?

Reference has and will be made many times to the problem of the nurse, but what of the administration? As a result of the many advances that have been made in scientific medicine during the past few years, the demands of the public on the hospital and the nursing profession have multiplied many times. Every bit of new scientific equipment brings with it some measure of responsibility for the protection of the patient; for example: the oxygen tent; Elliott diathermy apparatus, quartz lamps, collection of specimens for advanced laboratory examinations, deep X-ray therapy, the increase in the use of intravenous solutions. These all mean that in the final analysis the nurse takes on added duties, which means an increase in nursing personnel and expert training of this personnel, to say nothing of cost of upkeep of this new equipment. In this regard it will be wise to refer again to the ratio of nurses to patients for, if nurses are doing these added duties, unless the staff is augmented, actual bedside nursing must be neglected. To carry this last point to its logical conclusion, we must eliminate in this ratio nurses on duty in the outpatient department, surgical supply room, operating room, and teaching department. When this is done our critics, who are inclined to state from improperly prepared statistics that our ratio is 1—2 or less, often find that the ratio is 1—6 or more.

You have been discussing in the past few days, and have been studying for several years, the question of revising your curriculum. Why? Because I presume you feel that the product of your schools is not altogether meeting demands. Do you think that these changes can be put into effect without influencing the administration department? I venture to say no. Take the student of today. The modern trend of educational systems for boys and girls is in self-expression, individuality, freedom of action, and yet from that group you are asked to mould young women for a profession that must always be that of service. The problems of the director of nursing in this modern age, I imagine, are not far removed from that of a dean of a college or university as

far as inculcating ethical standards and moderation is concerned. But if the Arts student goes off the deep end who suffers? He or she does. Not so with the nurse. She does too, but so also does her profession and her patient.

May I say a few words about the head nurse? It is with a great deal of joy that I see the position of head nurse being dignified as the key position of a hospital, and I hope it will not be long until the salaries for head nurses are such that they will tempt the best type of women and also retain their services. We would need fewer supervisors if we could develop more experienced head nurses. After all she is the constant teacher, and represents the spirit of the hospital to the patient, the public and the doctor. I am sure there are many here who remember, as I do, the time when a student nurse spent her final year as head nurse in the ward of the chief surgeon or physician because of his influence with the head of the training school, regardless of the loss of instruction in other departments to the nurse so imposed upon.

So far, I have not referred to the ever-present problem of finance—the administrator's nightmare and the taxpayers' slogan. Taxpayers' associations are interested in lowering taxes and will seldom worry about the problems of any profession or trade unless that group makes its needs definitely known. The hospital should evolve its salary policies in accordance with a long-range plan. While the forces of supply and demand will have an important part in the determination of what is paid, policies should be such as to obtain and retain a superior staff.

Can you imagine anything more trying than the lot of the nurse, during the past few years, who has helped to put nursing on its rightful pedestal and has seen teaching equipment and buildings growing more and more shabby for want of money, and who has been teaching methods she knows cannot be put into effect for want of adequate equipment. The bath tub still takes the place of the bed pan sterilizer in many hospitals. The utility room is attempting to carry out modern methods of treatment with the space and equipment of twenty-five years ago. Screens are used by the nurses instead of Sandow's developer and are considered part of their uniforms when on duty!

I referred a few minutes ago to the manual on the "Essentials of good hospital nursing service", and while I am conscious that all nursing is not carried out in hospitals, for the present at least the majority of the teaching and preparation is done there. I cannot do better than refer you to this excellent treatise, and could not wish for anything better than to form ourselves into a round table and discuss it in detail, and, for fear I may be thought egotistical, as my name appears on the committee, may I say that I played a very small part in it, but never have I been more proud to see my name attached to a manual that is of real value to those struggling with this problem. For instance, it courageously and yet conservatively shows the ratio of nurses required to give good nursing care, but to meet this will give an awful jolt to the average payroll. But why have we been struggling so long to keep payrolls as low as the year before, when we all realize that we must march forward—nothing, I say, but tradition. The boards of directors of our hospitals are intelligent men, giving freely of their talents, but at all times open to the criticism of high salaries and an overbalanced payroll. The director of the training school and the superintendent have to bear the brunt of this. We cannot expect a lay board to see eye to eye with us, but we would be very remiss in our duty to our hospital, our community and our school if we did not, even in the face of criticism of ourselves,

strive to reach at least the average, or better, in the march of progress of our schools of nursing and in the interest of the patient. Does the average lay member of our boards realize that, to treat a case of gonococcic infection in the eye of a child, it takes three graduate nurses for each twenty-four hours, and that even with a charity case where it is a matter of life or death, special nurses must be employed, even though the payroll does get a jolt. These same board members would be the first to take the administration to task were their hospital to be constantly criticized for the lack of these humane and necessary services.

What has been thought to be the result of our recent hard times has culminated in a series of suits against hospitals and public institutions on the slighest provocation. A fall out of bed, a supposed hot water bottle burn, an imaginary longer stay in hospital, and a host of other grievances have been the *raison d'être* of plenty of grief for the hospital administrator. Competent records on the part of the nurses have been the deciding factor in many cases. We all know of the patient who leaves his false teeth in a paper handkerchief before going to the operating room, and when he returns, the bedside table has been cleared and lo! the poor teeth are gone, or the wedding ring from the corpse that money cannot replace, or the moth-eaten suit of clothes that originally cost $25.00 and is now worth $50.00 because of its attraction for moths. One could enumerate a dozen or more reasons for actions against hospitals of late, and in far too many instances the root of the evil is the nurse, who should, in the majority of cases, have protected herself and the hospital by an adequate written record.

I have often pondered over the last twenty-five years as to whether our nursing departments, or rather, I should say, our individual nurses and doctors realize to what extent the hospital's reputation is in their hands. I remember once a patient, with quinsy, being admitted at noon. He was seated on a chair beside his bed and sat there for an hour while the other patients' lunches were being served. I am sure that none of the nurses on that ward had ever had quinsy. He wasn't asked for his impression of the hospital on being discharged, but the memory of that first day must have made an impression on him. The treatment of visitors, who, if relatives, are naturally concerned about the condition of a loved one, a considerate reply to a telephone inquiry, are only a few of the many examples of how the individual nurse can assist in enhancing the hospital's reputation for service, and may I say that exactly the same reasons and arguments hold good for the private duty and the public health nurse.

After more than twenty-five years of experience, I cannot be persuaded that it is necessary or consistent to awaken the patients at the early hour that is usually the custom, and to begin the work of the day almost two hours earlier than it is begun in the average household. It would appear that night commences when the blinds are pulled down—day commences when the night nurses have finished their midnight meal. Old patients sleep in the day time because it is quieter.

I have said nothing about an adequate health service that should be provided, or the more recent pressing problem of tuberculosis among nurses, as I understand that Dr. Ferguson is dealing with that angle of the administrator's problem. Also, I realize that my limitation of time has prevented me from discussing many other problems common to nurses, nursing and administration. I am grateful for your indulgence and if our generation does nothing more than blaze the trail for good nursing, which is not at the expense of the nervous energy, the social life and the physical endurance of those who are giving it, we will have made a contribution that will go down in history.

CANADIANS TRAVEL TO CAPE TOWN

CLAIRE HISCOCK, Montreal General Hospital, Montreal.

After three months of nursing in Cape Town, South Africa, I feel I would like to tell Canadian nurses something about it. Before starting, however, I wish to thank Miss Browne of Toronto, and our superintendent of nurses, Miss M. K. Holt, through whose efforts this exchange has been made possible. Our trip out was a very pleasant one. We sailed from Saint John, New Brunswick, on the S.S. Calumet on March 31, and were the only two passengers on board. When we embarked the weather was typical of early spring in the Maritime Provinces. There was a cold, cold tang in the air. Within five days, however, we had changed from winter clothes into light summer frocks. The temperature then rose steadily until we reached the tropics, where we were compelled to wear sun helmets, even though the sun was not actually shining. Although Father Neptune was very kind to us, we eagerly awaited our first sight of Africa, and April 14 found two nurses on the upper deck with binoculars upheld and eyes turned towards their destination. I shall always remember that evening. It was very warm and damp and a sort of heavy mist hung over everything. Before we had even sighted land there was a strange aroma of vegetation and moist soil in the air. We drank it in like a rare and costly perfume.

It was rather amusing to see everyone on board ship inhaling deeply and enquiring as to whether the person next to them also smelt the earth. That night we anchored outside Sierra Leone, British West Africa, and the following morning at daybreak our ship was surrounded by natives in canoes. They simply swarmed over the decks — some in search of

THE NURSES' HOME

THE NEW SOMERSET HOSPITAL

employment as stokers or cargo men, and others selling their wares. They do the most exquisite leather work I have ever seen, belts, slippers, bags, etc., all woven into the most intricate designs, out of small pieces of coloured leather.

After the sun had set we went ashore in one of the Company's boats and were thrilled to set foot on land again. We drove through the town in an open car and saw real native life for the first time. The streets were thronged with coloured women clothed in gay green, red, and yellow materials, which they wrapped around their waists and allowed to hang just below the knee. Their chests were bare except for the strap which fastened the picanninies onto their backs. The children for the most part were devoid of clothing. The graceful carriage of the women was particularly striking. They balanced heavy baskets of produce on their heads with ease, stopping periodically to make another purchase without removing the burden from their heads.

The white population, which is very small, consists chiefly of government officials. They live in what is called the European Compound where no native other than a servant is allowed to enter.

Another fourteen days at sea brought us to Cape Town, described by Sir Francis Drake as the "fairest of all Capes," as indeed it is. The New Somerset Hospital, to which I was sent on arrival, resembles an old feudal castle, with its tall, rounded turrets and numerous balconies. The front wards command a wonderful view of range upon range of blue mountains known as the Blauberg, long, white sand dunes and the changeful sea — blue as a

mermaid's eyes, green as jade, and grey as the cold Scottish mist. At twilight a soft purple haze wraps them in mystery, which caused me to ask the reason for their colour, and I was told that it was a constituent of the soil acted upon by the sun.

The proximity of the docks is an added interest. Each day brings something new. The fine tracings of rigging are replaced by bright smokestacks and solid masts, and warehouses and sheds stare stolidly at the activity with unwinking eye. Tugs bustle in and out, cranes are moved, trawlers and fishing smacks trail away, and liners and freighters ply their traffic endlessly and tirelessly, bringing new faces and often carrying away familiar ones.

The other side of the main building overlooks the Sisters' and student nurses' residences, the houseman's cottage and the medical superintendent's home. In the background is the famous Table Mountain with Cape Town nestled at its feet. The wards are divided into European and coloured, and coloured people are not even allowed to visit a European ward. Visitors of all colours and nationalities troop along the corridors on visiting days, laden with flowers, fruit and paper packets. The babel of their various tongues affords great interest to one from our part of the world.

It is to be hoped that wider opportunities will be opened up for our nurses to take advantage of the exchange, and so enable them to enjoy the privileges we have experienced.

(EDITOR'S NOTE: *Miss Hiscock is a member of the nursing staff of the Montreal General Hospital. Under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association she is serving on the staff of the New Somerset Hospital, Cape Town.*)

NORTHERN ONTARIO STEPS OUT

The first regional conference of Public Health Nurses in District Nine, Registered Nurses Association of Ontario, was held on Oct. 17 at Kirkland Lake (Teck Township), four hundred miles north of Toronto. District Nine comprises the geographical districts of Algoma, Sudbury, Manitoulin Island, Nipissing, Parry Sound, Muskoka, Temiskaming and Cochrane. With the exception of four, all the nurses doing public health work in the region served by the Temiskaming and Northern Ontario Railway were present, and represented the Victorian Order of Nurses, the Provincial Board of Health, School Board and Red Cross services. The group included graduates of the courses in Public Health Nursing at the Universities of McGill, Toronto and Western Ontario.

The conference began with a luncheon served at the Windsor Hotel and continued at the Ladies' Parlor of the United Church. The district chairman, Miss H. Elizabeth Smith, presided. In her remarks on tuberculosis nursing Miss Florence Farr emphasized the rehabilitation of the post-sanatorium case and described some efforts at case finding through tuberculin testing and X-raying elementary and high school children. Miss Rita Brooks, speaking on infant and pre-school hygiene, stressed the need for continuity of health supervision and the importance of teaching parents in the basic principles of healthful living. Miss Frances Docker, in discussing the place of bedside care in a public health nursing programme, said that the line between bedside and educational work has been too sharply drawn and she pointed to the family as the unit of service and showed how bedside care and health teaching may advance together. The health of the nurse was mentioned as a primary factor. Miss Katherine MacKenzie spoke on generalized public health nursing and called attention to the fact that the public meant *all* the people. Points emphasized were: adequate staff, proper relationships, programme to include all age groups, mental health and records. General discussion followed each paper. Mrs. B. Fox, assistant superintendent of the Teck Township Children's Aid Society, described her work and offered suggestions for closer co-operation with the public health nursing group. Greetings were extended by Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health, who led the discussion.

In closing the meeting Miss Smith thanked the nurses for coming and contributing to the programme and made reference to the importance of such a gathering in the development of public health nursing in a district removed from centres of teaching. Announcement was made of the appointment of Miss Helena Wilson, by the Hydro Electric Power Commission of Ontario, as public health nurse at Fraser-

dale, 550 miles north of Toronto. Miss Elizabeth MacEachren, superintendent of the Kirkland District Hospital, entertained the group at tea.

Those attending the conference were: Mrs. Ethel North, Cochrane, Misses Rita Brooks, Juliette Richer, Florence Farr, Luella Wing and Gwendolyn Fowler of Timmins; Hazel Atkinson, Rose Roy, Ellen Linton, Mary Kidd and Sylvia Battersby of Kirkland Lake; Elizabeth Smith of New Liskeard; Christina Keith of Haileybury; Katherine MacKenzie, Frances Docker and Marie-Alice Cloutier of North Bay and Florence Sparling of Callander.

ONTARIO'S EDUCATION FUND

At the general meeting of the Registered Nurses Association of Ontario in 1930, the Committee on Scholarships presented a recommendation: "that the Registered Nurses Association of Ontario work towards a special Permanent Education Fund and that a special committee be appointed to undertake this work. Furthermore, that the general meeting discuss the possibility of the members being taxed a small sum annually for a period of five years as a nucleus for such a fund." The members, in general session, approved of the proposal and method suggested, and a resolution was passed that an Education Fund be established.

A special committee, known as the Permanent Education Fund Committee, was appointed by the Board of Directors. The goal aimed for was that the sum of $10,000.00 would be raised within a period of five years as a nucleus of a Permanent Education Fund. The plan of creating the nucleus of this fund, as adopted, was that each member of the Registered Nurses Association of Ontario should be taxed the sum of one dollar per year for five years, or that the total sum of $5.00 be made in one payment. The quota for each year was based on the membership for the previous year, and sub-committees, who were responsible for the planning and the actual work of collecting the funds, were appointed in the nine district associations.

The five-year period is now over. Due to economic conditions the fund was raised by group effort as well as by individual taxation, and many times the possibility of reaching the goal was doubtful. Nevertheless, in spite of adverse circumstances, the goal originally set

has been practically reached and before the end of 1936 it is felt that the nurses will have acomplished their objective.

In 1930, no definite policy as to the administration of this fund was adopted, the consideration of this was to be left until the expiration of the five-year period. At this year's general meeting it was decided to follow a certain procedure for a three years' experimental period, namely:

Loans are to be granted and one thousand dollars is the maximum to be drawn from the funds each year.

Loans are to be free of interest for three years, after which the portion of the loan remaining unpaid is to be subject to interest at current loan rates.

Loans are to be made only for postgraduate work and to nurses who are members of the Registered Nurses Association of Ontario and who have held membership in the Association prior to January 1, 1936.

All loans are to be considered confidential. The policy adopted this year is to be carefully studied and the future policy covering the Permanent Education Fund is to be considered at the Annual Meeting in 1939. To administer this Fund two committees have been appointed, the Administrative and the Trust Fund. Loans will be available by January, 1937. During the coming year it is anticipated that four loans of approximately two hundred and fifty dollars or less will be granted for postgraduate work. Application forms may be procured from: Miss Matilda E. Fitzgerald, secretary-treasurer, R.N.A.O., 3 Willcocks St., Toronto.

It is felt this fund will assist in meeting a very real need among nurses in Ontario, and it is hoped that the availability of loans from their own professional organization will stimulate the members of the Registered Nurses Association of Ontario to accept opportunities to take postgraduate work. The Association feels that this is only a beginning and its members recognize that, from the standpoint of enrichment, a permanent education fund has real possibilities.

APPOINTMENTS

Miss Ursula Whitehead, Reg. N., a graduate of the Social Service course given at the University of British Columbia who, for the past two months has been taking field work in Eastern Canada and the United States, assumed her duties on October 1 as social service worker of the Division of Venereal Disease Control. Her headquarters will also be at the Provincial Board of Health Dispensary, Vancouver. Miss Whitehead is a graduate of the School of Nursing of the Vancouver General Hospital and was formerly a member of its teaching staff.

Miss Pearl Brownell has been appointed as registrar of the Manitoba Nurses Central Directory. Miss Brownell is a graduate of the School of Nursing of the Winnipeg General Hospital, and has a fine record of successful practice as a private duty nurse. Before assuming her new duties she visited and studied a number of registries in Canada and the United States.

Miss Grace Fitch (Regina General Hospital, 1934), winner of the Governor-General's medal award at the School for Graduate Nurses, McGill University last spring, has been appointed to the staff of the Regina General Hospital.

Miss Aubra Cleaver, graduate of the School of Nursing of the Toronto General Hospital and the Toronto Psychiatric Hospital, has been appointed supervisor of the Psychiatric Department of the Regina General Hospital. Miss Cleaver completed the one-year postgraduate course in teaching and supervision in the School of Nursing of the University of Toronto and has also had experience in out-post hospitals of the Canadian Red Cross Society.

Miss Catherine Clibborn, formerly a member of the teaching staff of the Vancouver General Hospital, has accepted a position as instructor in the School of Nursing of the Medicine Hat General Hospital.

Miss Gertrude Hall has been granted leave of absence for one year from the Department of Health and Public Welfare of the Province of Manitoba in order that she may make a survey of schools of nursing in that province.

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Department of Private Duty Nursing

NURSING CARE OF DIABETIC PATIENTS

GERALDINE WEBSTER, B.A., B.Sc.N., Reg. N., Supervisor, Division of Metabolism, Victoria Hospital, London, Ont.

Many patients object to the injections of insulin but if the matter is clearly and frankly put before them and they thoroughly understand the situation, one rarely encounters a patient who refuses to co-operate. Especially should they understand that to start the use of insulin does not necessarily mean that it must inevitably be continued. Once a patient has discovered that the taking of insulin is not a heavy trial and that it makes his life safer and more comfortable, there will remain no question in his mind as to its advantages. Everyone requires insulin, and if a person cannot manufacture what he needs in his own pancreas, he is fortunate if he can secure it by purchase or gift.

The chief reason for avoiding insulin treatment is its inconvenience. It is a mistake for patients to think that by taking insulin they can avoid a strict or weighed diet. The need for an accurate diet actually is increased by insulin. In general, there is no fundamental reason for giving insulin with meals. It may be given before or after the meals in such a manner as to keep the urine sugar-free and the blood sugar within normal limits. Insulin is supplied in Canada in vials containing ten cubic centimeters each. A definite system of labelling has been devised in order to identify the various strengths of the solutions:

White label insulin (single strength): 10 units per c.c.

Blue label insulin (double strength): 20 units per c.c.

Yellow label insulin (quadruple strength): 40 units per c.c.

Green label insulin (double quadruple strength): 80 units per c.c.

It is best for a patient to provide himself with two syringes, one for daily use, another in reserve against breakage or loss, and at least two, preferably more, rust-proof needles. Syringes vary greatly in variety, from expensive specially graduated types to the ordinary two c.c. type used in hospitals. The latter is the most economical and serves the purpose of insulin administration very well. The needles commonly used are ⅝" to ¾" in length and No. 24 to No. 26 gauge.

Blue label insulin is the kind generally used by the average diabetic whose dosage does not exceed a total of 40 units a day. Yellow label insulin for dosages over 40 units daily reduces the bulk of the injections. Insulin charts, consisting of a replica of the markings on the syringe, are given to patients so that they can clearly see the actual doses which they have to receive and the times when the injections have to be taken. This system tends to avoid errors.

The sterilization of the equipment used for the injection of insulin must be carefully taught and carried out. In the hospital, the procedure is the same as for a routine hypodermic. In the home, the boiling of the syringe and the needles in soft or distilled water is advised. The use of hard water causes a deposit to form on the syringe and the plunger. For the sake of convenience, however, the syringe and needles may be kept in alcohol. The technique of administering insulin is as follows:

Assemble the syringe and plunger.

Wipe the rubber cap of the insulin bottle with alcohol on cotton. Do not remove the stopper.

Note the dose of insulin to be given. Draw an amount of air into the syringe corresponding to the dose of insulin. Invert the bottle. With the air still in the syringe, plunge the needle through the rubber cap and inject the

air. Holding the syringe and needle upward, withdraw the desired amount of insulin slowly. Measure the dose carefully. Do not allow the needle to come in contact with anything before the injection is made.

Cleanse an area of skin by rubbing with 70 per cent alcohol on cotton. Insert the needle quickly in a fold of the skin held between the thumb and forefinger. Do not inject the insulin too close to the surface.

Rinse the syringe and needle with cold water immediately. Dry with a cloth and blow air through the needle repeatedly with the syringe.

The site of the injection of insulin should vary. If insulin is injected repeatedly into one region an "insulin lump" will develop due to a condition of fibrosis in the tissues. Insulin which is injected into such a locality is poorly absorbed and its effect is to a greater or less degree nullified. It is a good rule to say to the patient: "Use the right leg in the morning, the left leg at night and follow a line down the anterior aspect of the leg for a week, moving outward to a new line each succeeding week in the month." To assist the patient "insulin maps" have been drawn marking out in desired detail the sites of injection for a given time.

Localized anaphylactoid phenomena sometimes develop about the site of the injections when insulin treatment is begun. In a few days these local reactions tend to subside and disappear. But should they fail to do so, it is well to change to a different strength or variety of insulin.

For about one-quarter of the number of diabetics who require insulin, one dose a day will suffice. The more severe the disease, the more frequent are the injections of insulin. Ordinarily, a dose of insulin exerts its effect for from four to eight hours. In infections, one resorts to injections of insulin every six, four, three or two hours, and in coma, when the need is extreme, as often as every thirty minutes.

If one dose of insulin a day is adequate, it should be given before breakfast. If two doses are necessary, before breakfast and before supper. If the two doses reach high levels and are still insufficient to control the situation, then three or four doses a day may be advisable. Often with young people who have severe diabetes, it is found helpful to give a dose during the night, that is, between ten o'clock and midnight. This decreases the tendency for the blood sugar to rise in the early morning hours. The night dose is usually given without food and must be relatively small (two, four, six or eight units) to avoid hypoglycaemia. The morning dose of insulin should be given three-quarters to one hour before breakfast. Otherwise, it is customary to inject the insulin twenty to thirty minutes before the meals.

One unit of insulin ordinarily will metabolize from one to two grams of carbohydrate, but it is impossible to be exact with regard to this. In general, the method of trial and error should be adopted until the individual requirements can be ascertained.

The danger of insulin is in over-dosage. When a diabetic child, who is receiving insulin, becomes quiet, lacks interest and is unnaturally good or when an adult seems ambitionless, depressed and morose, or when an elderly person feels weak and faint, it may mean that their blood sugar is too low. An insulin reaction comes on from one-half to eight hours after an injection of insulin. One observes a tremor of the hands with moisture in the palms and perhaps a few beads of sweat on the forehead, dilated pupils, firm rather than soft eyeballs, diplopia, pallor rather than a flushed face, normal respirations and blood pressure, normal or sometimes rapid pulse. These findings almost complete a picture which, if unchecked by the taking of carbohydrate, may end in complete unconsciousness followed by convulsions. The prognosis of an insulin reaction is invariably good if it is diagnosed and counteracted early. The treatment is simple and consists of the administration of five or ten grams of dextrose

in orange juice which usually relieves the symptoms in a few minutes. Sometimes three times as much dextrose as this is required and occasionally, for a severe reaction, it is necessary to inject dextrose intravenously, in which case the response if often so prompt as to be startling. Diabetic patients who use insulin must be able to recognize the first symptoms of an insulin reaction and be prepared to check its progress. It is wise for every patient to carry one or two cubes of sugar in a pocket or handbag for use in an emergency. Corn syrup, which is mainly glucose, should be stocked in the home and a teaspoonful or more, if necessary, swallowed in case of a reaction.

Identification cards bearing their name, address, telephone number, insulin dosages and other details should be carried by diabetics at all times as an aid to their receiving prompt and efficient care in the event of the sudden development of an insulin reaction or a pre-comatose state.

Conclusion

Finally, the successful management of diabetes depends, in the first place, upon the early recognition of the condition and, secondly, upon the adequate treatment of its many complications and, what is most important of all, upon the proper education of the patient. Diabetes itself is an incurable disease. If untreated, it is progressive and eventually becomes a serious problem but if it is properly treated, there is continuous improvement which, in the early cases especially, is most gratifying.

THE DAY OF REMEMBRANCE

An impressive ceremony, at which a hundred nurses were present, took place on Armistice Day before the Nurses Memorial in the Hall of Fame in the Parliament Buildings in Ottawa. Tribute to the nursing profession, both in peace and war, was paid by the Hon. J. L. Ilsley, Minister of National Revenue, who represented the Dominion Government.

Following a brief service conducted by Major the Rev. C. G. Hepburn, M.C., wreaths were placed by the following: Lady Perley; Miss Gertrude Garvin, on behalf of the Canadian Nurses Association; Miss Elizabeth Smellie, R.R.C.; Miss Genevieve Spalding, R.R.C.; Miss Emily Schryer; Miss E. J. Bowen. At the conclusion of this ceremony, the nurses filed out in procession, escorted by a military officer, and took their places at the Cenotaph, where they shared in the public tribute paid to Canada's heroic dead.

In the evening the members of the Ottawa Unit of the Overseas Nurses Association of Canada were the guests of the Canadian Legion at their banquet. The toast of "Our Empire Comrades of the Great War" was proposed by Colonel D. Carmichael, D.S.O., M.C., V.D., and responded to by Miss Elizabeth Smellie, C.B.E., R.R.C., and Commander H. A. C. Lane, R.N. Miss Smellie was accorded musical honours as she rose to speak. She said that as a nursing sister representing the women who served in the war she recognized the invitation to participate in such a gathering as a recrudescence of that spirit of goodwill and comradeship invariably associated with overseas relationships. Miss Smellie recalled that 60,000 nurses served in the war. They had tried to bring their knowledge and professional skill to the service of mankind. Then there were the V.A.D.'s and the W.A.A.C.'s, not forgetting these thousands of women who so faithfully and unselfishly carried on at home. Miss Smellie's remarks were received with great enthusiasm.

Department of Public Health Nursing

HEALTH INSURANCE AND NURSING

ALLON PEEBLES, Ph.D., Chairman, the Health Insurance Commission of the Province of British Columbia.

The advance of medical knowledge has resulted in maladjustments. Modern medical care is not available to all of our people, and even when it is available its costs are sometimes prohibitive. Up-to-date medical service, including nursing care, because of its greater technical development inevitably costs more than the medical care of an earlier epoch. And, arising from the uneven incidence of illness, the costs of medical care, in the absence of an insurance system, are unevenly distributed among families and over periods of time. A disease requiring involved diagnostic procedures and adequate treatment may cost the unfortunate individual hundreds of dollars. A financial barrier stands between those in need of service and those ready to supply it.

This barrier is of particular importance in the field of nursing. On this continent there is an over-supply of trained nurses, not an over-supply in terms of the need of the people for nursing care, but in terms of the ability of the people to pay for this care when financed upon an individual basis. In Canada in 1930, according to the report of Dr. G. M. Weir, five out of eight people of average means sufficiently ill to require the services of a trained nurse, were unable to pay for these services. This statement was based on the evidence of 1,189 doctors. As a result of the over-supply of nurses and of the inability of the people to pay for the services of nurses, the economic status of the profession is far from satisfactory. The average earnings of nurses are extremely low.

Health insurance, it is hoped, will eventually offer a partial solution to this problem. The method of health insurance is to substitute a group scheme of payment for an individual method of payment which has, as we have seen, been working in an unsatisfactory manner. Instead of waiting until illness strikes the pocket-book, until the earnings of the head of the family are cut off just at a time when expenses are increasing, the wage-earner pays in advance for his medical care. He does this in the most painless fashion through regular deductions of small amounts from his pay cheques. In this way, the costs of medical care are evenly distributed and the heavy financial burdens which certain families incur, particularly in connection with hospitalized illnesses requiring private duty nursing, are eliminated. It is a common-sense, business-like arrangement.

The British Columbia Health Insurance system will be the first experiment of its kind in North America and for this reason its main features are of considerable interest. The plan provides that the most essential medical services will be available for employees and their families. Medical care by the physicians or surgeon chosen by the insured person, free hospital care, the services of diagnostic laboratories and necessary drugs and medicines are the "mandatory benefits" specified in the Act. Various other medical services may be granted as "permissive benefits" if sufficient funds are available after payment for the mandatory benefits. A striking feature of the Act is that it deals with the family as a unit. Dependent wives and children are to be included, with their wage-earner husbands, as insured persons.

An address delivered at the General Meeting of the Canadian Nurses Association, June 30, 1936.

The plan is to cover all employees earning less than $1,800 per year, except farm workers and Christian Scientists, who are specifically excluded. Certain other employees, such as domestic servants, casual workers and part-time workers, may be excluded if the Health Insurance Commission decides and the Government approves.

An additional exemption provision of great importance is that employees who are members of any industrial medical service scheme in existence on January 1, 1936, shall be excluded if, by the time contributions from wage-earners and employers to the Health Insurance Fund begin to be levied, their scheme provides a standard of service to its members and their dependents equal to or better than the services of physician and hospital for all cases of ordinary illness. However, if a majority of the employees who are members of such a scheme vote, by secret ballot in a plebiscite to be supervised by the Government, to come within the scope of the provincial scheme the exemption of any such group of employees is to be rescinded.

The plan is to be financed by contributions from employees and employers, without any contribution from the Government. The Government, however, has appropriated funds to cover the organization expenses of the Health Insurance Commission. The employee is to pay two per cent of his wages and the employer one per cent of his pay-roll for insured persons, with minimum and maximum contributions fixed for each. The minimum contribution for the employee is to be 35 cents per week and his maximum contribution 70 cents; while the employer's minimum payment for each employee is set at 20 cents per week and his maximum payment at 35 cents.

Provision is also made for the inclusion of persons, such as merchants, farmers and others not working for wages, irrespective of their incomes, who may join the scheme as voluntary contributors to obtain benefits for themselves and their dependents. Voluntary contributors are to bear the full costs of the services rendered to them and their families, and rates are to be fixed by the Health Insurance Commission, with the approval of the Government, for this group.

The plan is designed to interfere as little as possible with existing methods of providing medical care. Thus it is provided that, except under unusual circumstances, insured persons shall have the right to obtain service from the physician or surgeon of their own choice. They are also to be entitled to have prescriptions filled by any qualified pharmacist.

Hospital service in a public ward is to be given for a period not to exceed ten consecutive weeks for any one illness, unless a longer period is authorized by the Commission. Those who desire semi-private or private ward care may obtain this by paying the difference between public ward rates and other rates. Full laboratory service and diagnostic aids, including X-ray, biochemical and other services, are to be provided without special charge. However, in the case of drugs, medicines and dressings it is specified that the Health Insurance Commission may require the insured person to pay not more than one-half of the cost of these items.

Power is given to the Commission to expand the list of medical services to the extent that finances permit. The scheme is essentially one in which all money paid in by contributors must be returned to them in services so that if contributions prove more than sufficient to cover the costs of the mandatory benefits and administration, additional medical services such as private duty and visiting nursing care may be granted. Before such expensions are put into effect, however, a sufficient reserve must be built up and

adequate remuneration to those supplying services must be assured. A conservative attitude would create among the public no immediate expectation of extra benefits.

Benefits are to be granted to insured persons four weeks after contributions in their behalf become payable. They are to continue eligible to receive benefits for so long as their contributions continue, for four additional weeks, and for any further additional period that may be specified by the Commission. If an employee falls ill and is unable to work he will be entitled to receive medical care for a still further additional period of twelve weeks. These provisions mean that beneficiaries of the scheme will receive benefits not only while they are contributing, but also during short periods of unemployment and during a considerable period of absence from work on account of sickness. The Commission is to make financial arrangements with doctors, druggists, hospitals, laboratories and other persons or agencies providing services.

Trends in Canada

In the British Columbia Health Insurance Act there is no mention of nursing benefits. However, if funds are available, nursing care may be provided. This would probably take the form of visiting nursing. In the Alberta Health Insurance Act passed in 1935, but not yet proclaimed, any necessary nursing services were to be available to insured persons without charge. So much for actual legislation in Canada. In the report of the committee on inter-relations of the Ontario Medical Society, 1935, there was included a plan of health insurance for the Province of Ontario. In this plan, nursing service was included under the following provisions:

In hospital. (1) Regular nursing services to be provided by regular staff nurses and included in maintenance fees. (2) Special nursing to be done by special graduate staff nurses on a part-time basis, payment being made to the hospital per hour of service.

In the home. (1) Usually by visiting nurse with remuneration on a per visit basis. (2) Where sickness is sufficiently serious to require continuous graduate nursing care, the patient normally should be admitted to the hospital. Where this is not practicable graduate nurses may be engaged at regular rates subject to approval of the regional medical officer. (3) Where sickness is not sufficiently serious to require graduate nursing, yet where 12 or 24-hour attendance is necessary, the service, subject to the approval of the regional medical officer, would be rendered by a nursing housekeeper whose minimum qualifications will have to be defined.

Registration. All persons, whether graduate nurses or others, nursing for hire under the scheme shall be registered.

The 1934 report of the committee on economics of the Canadian Medical Association reads in part as follows:

In the care of the sick, nursing service is often an essential part of treatment. Nursing care in the home is now provided by private-duty nurses, or by visiting-nurse organizations. The latter give their service on a visit basis, which is a satisfactory and economical method of providing most of the home bedside nursing care needed. The plan (the health insurance plan of the committee) is that those requiring full-time nursing care should be admitted to hospital, and that nursing care in the home be limited to a visiting-nurse service, including maternity service, provided preferably by a local branch of the Victorian Order of Nurses for Canada, a national visiting-nurses organization, with local branches so located that they now offer their services to one-third of the population of Canada.

One of the sub-sections in the principles which should govern in a health insurance system, according to this report, is to the effect that visiting-nurse service in the home should be provided. In these two reports we see that nursing service is recognized by the medical profession, as a desirable and necessary part of an effective health insurance plan.

It is natural for nurses to ask why nursing benefits were not included in the British Columbia Act. Dentists might raise a similar question. The reason certainly does not lie in a lack of recognition

of the need for nursing care. In cases of serious and acute illness when nurses are desperately needed some means of spreading the cost is certainly required. But any health insurance system cannot, at the outset, provide complete services without running grave financial and administrative risks. It may be possible to utilize visiting nurse service in British Columbia as a means of caring for certain patients who would otherwise be hospitalized, and this course might be considered sound from the medical as well as the financial point of view. The eventual inclusion of complete nursing service will depend upon the demand for it by the people and their willingness to pay for this service.

Unless the benefits under the Act are extended to include public health nursing, the passing of the British Columbia Bill will have little effect upon the economic status of the public health nurse. It will, however, provide her with the means of doing her job more effectively, for in the case of insured patients, when the nurse discovers a need for doctor's care she will be able to recommend this need to her patient with the realization that no financial barrier will stand in the way of the required service.

The effect upon nurses engaged in institutional work should be a good one. Undoubtedly health insurance will help to place our hospitals on a sound financial basis, and thus make it eventually feasible to establish an eight-hour day and a greater use of graduate nurses within our institutions.

What Can Nurses Do?

What can nurses do to help the cause of health insurance? Perhaps some of you do not consider it an effective method for solving our current problems. Perhaps some of you have accepted too uncritically the promises that health insurance holds out. In any case, the nurses of Canada by studying the field of medical economics and by watching the various experiments either now under way or shortly to be launched, can exercise an important influence upon the course of events.

IN A CHINESE SETTING

Changte, North Honan,

Our trip to the First District meeting was an interesting one and I want to tell you all about it. When we left a week ago for Weihwei it was pouring rain and cold so we had to dress accordingly. We had a morning to rest and started right after dinner for the Taok'ow train. We arrived at 5 p.m.; the roses there are extra fine and we feasted our eyes on them. They get a very fine view from the compound, the sun setting behind the hills and in front are fields of ripening wheat. The Chinese doctor had prepared a feast for us, and only those who know how good Chinese food is will understand how much we enjoyed it.

We left early to be up at sunrise to get an early start but failed to get a car to take us, so ordered rickshas. We rested for breakfast in an inn by the way. Mr. Thomson had escorted us part way and had secured a guard for us of four soldiers, on their bicycles. They were very good to us; it is the first time I have ever travelled with a guard. About 9.30 a delegate from Kweiteh, from the Canadian Anglican mission met us. Mr. Kao had missed the train at Weihwei and, in order to catch up to us, had ordered a ricksha and had travelled across country in the dark. The ricksha had dumped once and they had been held up by armed men challenging them as to where they were going. They had missed us at Taok'ow and had come on later. We admired him for his courage. This made our party up to seven; two foreign nurses, four Chinese girls and one man.

The grain looked very poor and part of the section was land covered by water from the Yellow River; you could see the salt and soda in the earth. We rested every two or three hours and arrived at KaiChow around six o'clock. We ran into a thunderstorm shortly before we arrived but it didn't delay us long.

At dinner we were entertained at one of the missionary's homes and heard all about his

experiences with bandits. In the afternoon we saw the hospital and their classroom equipment. Mr. Wang, a nurse who has had special training in teaching, has done very good work. His description of how they got their skeleton was very interesting but rather gruesome. They have made a very good job of it and it only cost about $3.00 whereas one bought from Japan costs $200.

After our tour of inspection we had tea on the verandah and appointed our delegate to the Nurses' Convention in Nanking.

The in-coming committee met, and then to bed as we had an early start to make again and shortly after 4.15 a.m. we were awake and preparing to leave. We went through the city of K'ai Ch'ow, through the mud walls. We noticed that they used wood instead of coal as we do. The city is large and a good deal of space was taken up with grain fields. The Catholics have a mission there and the church spire could be seen a long way off.

There was a wind and it made hard pulling but the men did well and we got back to T'aoK'ow about 6 p.m.

CLARA PRESTON.

OBITUARY

DERMONDY—Recently, at St. Vital Sanitarium, the death occurred of Charlotte Dermondy, a graduate of the School of Nursing of St. Boniface Hospital and a member of the class of 1930.

DUTTON—On October 25, 1936, the death occurred of Mabel Louise Dutton, a graduate of the School of Nursing of St. Paul's Hospital, Vancouver, and a member of the class of 1919.

GEE—The death occurred on June 17, 1936, of Muriel Gee, a graduate of the School of Nursing of the Homeopathic Hospital, Montreal, and a member of the class of 1934.

MACLEOD—The death occurred recently of Rachel MacLeod, a graduate of the School of Nursing of the Vancouver General Hospital, and a member of the class of 1907.

McDONALD—At the Charlottetown Hospital on September 21, 1936, the death occurred of Mary J. McDonald, a graduate of the School of Nursing of the Charlottetown Hospital and a member of the class of 1933.

SISTER MARY ALICE, a pioneer of the Nursing Sisterhood of the Grey Nuns, passed peacefully away October 22, 1936, at the Champlain Valley Hospital, Plattsburgh, N.Y., completing a lifetime of devotion and self-sacrifice in the care of the sick and the education of students in the profession of nursing. Sister Mary Alice was the religious name of Alice M. Carey, a native of Prince Edward Island. Her first post of responsibility was the establishment of a Nursing School of her order in the Ottawa General Hospital, where she served for fifteen years as superintendent of nurses. In 1911 she was transferred to the Champlain Valley Hospital, Plattsburgh, and later to the A. Barton Hepburn Hospital, Ogdensburg, where she was superintendent of nurses from 1914 to 1928, retiring in that year with a remarkable record of loyal service to humanity and of unselfish devotion to the profession of nursing.

STEWART—On November 2, 1936, the death occurred of Ida Kate Bradshaw, beloved wife of Dr. David A. Stewart. She was a graduate of the School of Nursing of the Morden General Hospital and, in 1910, organized the first hospital social service department in Canada at the Winnipeg General Hospital. To this pioneer work she brought both keen intelligence and steadfast courage. In 1915 she was married to Dr. Stewart and threw herself heart and soul into his work as superintendent of the Provinical Sanatorium at Ninette. In spite of the handicap of continued ill-health, she exercised a beneficent influence upon everyone with whom the activities of the Sanatorium brought her into contact. Her philosophy of life, based on deep knowledge of it, was manifested in her way of living. She read widely and had marked felicity of expression. In the last years of her life she became an ardent supporter of the cause of international peace and was a member of the executive committee of the League of Nations Society in Canada.

Those who were honoured by her personal friendship will long remember the dignity and beauty of her countenance, her lovely sparkling humour, her tender pity. In her death the profession of nursing and the people of Manitoba have lost an able leader and a noble woman.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

National Committees

In *Notes from the National Office* as published in the August, September and October issues of the *Journal*, members of the Canadian Nurses Association have been given an opportunity of reading and studying the numerous reports for the biennial period 1934-36 as presented at the eighteenth General Meeting of the Association. A consideration of the contents of those reports, especially those of the various committees, must have impressed our readers with the arduous work done by the committees in the interest of the national organization. While the average member may take for granted the formulation of the carefully thought-out policies of the Executive Committee, it is well to remind ourselves that the activities and ideals of the Association could not be effectively carried forward if it were not for the splendid voluntary contribution made by the personnel of the various committees. In more than one issue, these *Notes* have referred to the work of the committees but, in recognition of the newer members of the Provincial Registered Nurses Associations, repetition of certain statements is required.

The Canadian Nurses Association is a federation of the nine Provincial Associations of Registered Nurses; thus, there is only one way by which nurses can become affiliated with their national organization and that is by maintaining membership in a Provincial Association. General meetings of the national organization are held biennially. During the intervening two-year period the Executive Committee is responsible for the conduct of the Association's business. However, when professional projects or problems require study, development, or clarification they are usually referred to special committees.

Each committee is given the opportunity to report to meetings of the Executive Committee and, when deemed advisable, copies of such reports are distributed to all members of the Executive. Provincial representatives to the Executive Committee are the presidents of the Provincial Associations and the chairmen of the three Provincial Sections: Nursing Education, Public Health and Private Duty. Thus, through these officers, the Provincial Associations are kept informed of progress in national studies and projects. The names of Special Committees functioning during the biennial period 1936-38 with their personnel are published herewith. The date of year following each committee indicates the year when first appointed:

National Enrolment of Nurses for Emergency Service (1926): Convener, Miss F. I. McEwen, 621 Jarvis Street, Toronto; Miss R. M. Simpson, Regina; Miss E. MacP. Dickson, Miss R. M. Beamish, Toronto; Miss P. N. Gilbert (Alta.), Miss M. P. Campbell (B.C.), Miss N. O'Shaughnessy (Man.), Miss N. Estabrook (N.B.), Miss E. O. R. Browne (N.S.), Miss E. Greenwood (Ont.), Miss M. Wilson (P.E.I.), Miss E. Beith (Que.), Miss I. Stewart (Sask.). The voluntary enrolment of the members of the Provincial Associations of Registered Nurses for emergency service is directed and promoted by this committee in co-operation with the Canadian Red Cross Society and its Provincial Divisions.

Joint Study Committee of the Canadian Nurses Association and the Canadian Medical Association (1927): The representatives of the first named organization to this Joint Committee are: Miss J. I. Gunn, Miss E. K. Russell, Miss F. H. M. Emory, with Miss N. D. Fidler, 7 Queen's Park, Toronto, acting as secretary. Since the release and early study of the Survey Report this committee has

not been very active. However, it has been thought advisable to continue the committee, which at present has under consideration the way by which it can be most helpful to the two organizations represented in its personnel.

Exchange of Nurses (1930): Convener, Miss J. E. Browne, 621 Jarvis Street, Toronto; Miss M. K. Holt, Miss M. F. Hersey, Montreal; Miss J. I. Gunn, Miss P. B. Austin, Miss F. Emory, Miss N. Moore, Miss R. E. Hamilton, Toronto; Miss H. S. Peters, Edmonton; Miss G. M. Fairley, Vancouver. To arrange for exchange of members of the Canadian Nurses Association with nursing organizations in English-speaking countries affiliated with the International Council of Nurses.

Florence Nightingale Memorial Committee (1932): Convener, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Miss G. E. Smiley (Alta.), Miss K. I. Sanderson (B.C.), Miss R. Dickie (Man.), Miss F. Coleman (N.B.), Miss M. J. Graham (N.S.), Miss R. E. Hamilton (Ont.), Miss H. MacLaine (P. E.I.), Miss M. K. Holt (Que.), Miss A. F. Lawrie (Sask.). To collect funds for the Florence Nightingale International Foundation in support of the Scholarship and Endowment Funds, as subscribed by the Canadian Nurses Association for a five-year period, 1934 to 1938 inclusive.

Scholarship Award Committee (1934): Convener, Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss E. K. Russell, University of Toronto; Miss M. F. Gray, University of British Columbia; Miss R. M. Simpson, Regina. To select, from among candidates who make application, a scholarship student for the courses offered by the Florence Nightingale International Foundation. The present committee has been asked by the Executive to make a further study of the basis of selection of candidates.

Curriculum for Nurses-in-Training in Mental Hospitals (1933): Convener, Miss N. D. Fidler, 7 Queen's Park, Toronto; Miss M. Lindeburg and Miss E. F. Upton, Montreal. In response to a request to the Association from the Canadian National Committee on Mental Hygiene, this committee was appointed to assist in the outlining of courses for nurses, graduate and undergraduate, and the training of attendants in mental hospitals.

Dominion Registration for Nurses (1934): Convener, Miss E. MacP. Dickson, Earl Apts., Earl and Huntley Streets, Toronto; Miss E. M. McKee, Brantford; Miss F. Emory, Toronto; Miss R. Thompson (Alta.), Miss E. Breeze (B.C.), Miss J. Houston (Man.), Miss M. E. Retallick (N.B.), Miss V. I. Winslow (N.S.), Miss M. B. Millman (Ont.), Miss I. Gillan (P.E.I.), Miss E. F. Upton (Que.), Miss E. Ames (Sask.). At the General Meeting in 1934, the principle of Dominion Registration for Nurses was approved. If enacted, the measure should be under the control of the Canadian Nurses Association. A nucleus of a committee was appointed to which were added provincial representatives. Arising from a study of the committee's report, and following its presentation at the General Meeting, 1936, the official delegates adopted several resolutions, subject to which the project will be further studied in the present biennial period. (See *The Canadian Nurse*, September, 1936, p. 414.)

Mary Agnes Snively Memorial (1934): Convener, Miss E. MacP. Dickson, Miss J. I. Gunn, Toronto; Miss M. F. Hersey, Montreal. To aid the Executive in the selection of nurses on whom the medal in memory of the founder of the Canadian Association is to be bestowed.

Health Insurance and Nursing Service (1934): Convener, Miss J. I. Gunn, Toronto General Hospital, Toronto. Personnel not completed. To make a study of and to keep closely in touch with health

insurance schemes; to have information available as may be required by the Association in the event of the adoption of a general plan of health insurance, provincial or federal.

Legislation Committee (1935): Convener, Miss J. E. Browne, 621 Jarvis Street, Toronto; Miss E. MacP. Dickson, Miss J. I. Gunn and Miss F. Emory, Toronto. Advisory to the Executive Committee concerning legislation measures.

Community Nursing Service Bureau (1936): Convener, Miss R. M. Simpson, Department of Health, Parliament Buildings, Regina. Personnel not completed. To discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux, then to report its findings to the Executive Committee.

Awaiting Completion

It is regretted that the personnel of two committees is not available for announcement at present: one, to study the development of religious influences in the life of the nurse, and the other, to watch for the use of the nurse's figure in non-professional advertising.

NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

The fourth year of the five-year pledge made by the Canadian Nurses Association to the Foundation has opened, and the National Committee has forwarded to each provincial convener an appeal requesting that provincial organizations, alumnae associations and student groups give the same generous support that was given last year. The sum required is $2,500.00, of which $1,250.00 is applied to the scholarship fund (announcement of which appears elsewhere in these pages), and the remainder is donated to the permanent endowment. As a result of the organization of the Canadian Florence Nightingale Memorial Committee, which is comprised of members of the Canadian Red Cross Society as well as representatives of the Canadian Nurses Association, it is hoped that wider interest and possible financial support may be given to the Foundation from other sources. The League of Red Cross Societies and the Canadian Red Cross Society have always demonstrated interest in health education programmes, both national and international, and the Foundation is an outstanding example of a memorial which is truly educational.

From time to time, members of the "Old Internationals" visit Canada, and recently Miss Scrymgour the Australian nurse who in 1936 received a scholarship from her own country, visited many of the Canadian centres on her way back to Queensland. She expressed the greatest appreciation of her experience while at International House and spoke of the value of contact with nurses from so many countries.

Further contributions to the Fund have been received as follows:

British Columbia	
Staff, Matsqui-Sumas-Abbottsford Hospital	$ 4.00
Women's Auxiliary, Creston Hospital	5.00
Staff, Quesnel Hospital	3.00
Staff, Trail-Tadanac Hospital	20.50
Staff, North Vancouver General Hospital	5.00
Students' Council, Vancouver General Hospital	40.00
St. Paul's School of Nursing, Vancouver	10.00
Miss Jean Davidson, Kelowna General Hospital	5.00
Nova Scotia	
Student Nurses, Victoria General Hospital, Halifax	12.60
Ontario	
Student Nurses, Brantford General Hospital	20.00
A.A., C.E., Englehart Hospital, Petrolia	5.00
District 9, Registered Nurses Association of Ontario	10.15
Quebec	
L'Association des G.M.D. de l'Hôpital Notre-Dame, Montreal	5.00

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: The monthly meeting of the Edmonton Graduate Nurses Association was held on October 21, when thirty-two members were present. The guest speaker, Dr. G. Malcolmson, gave an interesting address on "Newer Treatments of Cancer." Plans for increased membership were discussed.

MEDICINE HAT: Miss Catherine Clibborn, a graduate of the Vancouver General Hospital, has been appointed instructress of the Medicine Hat General Hospital. Mrs. Walter Devlin has been appointed secretary of the Medicine Hat Graduate Nurses Association. Miss M. Reid acted in this capacity prior to her removal to St. Paul's Hospital, Saskatoon.

BRITISH COLUMBIA

NELSON: The annual meeting of the Nelson Registered Nurses Association was held recently. The following notes are excerpts from the report of the retiring president, Miss V. B. Eidt: Much credit is given Miss Joyce Leslie whose untiring efforts have given us the complete and helpful constitution and by-laws, as they now stand revised. The assistance rendered by Mr. C. H. Hamilton was invaluable. The next item of importance is the establishing of the eight-hour day for private duty nurses. Again our thanks are due to Miss Leslie and Miss Jean McVicar, convener of the private duty committee, and also to the nurses themselves for their organized efforts in making this venture a success. Dr. Auld's contribution to our programme regarding the treatment of cancer reminds us of the valuable work being done by the Cancer Foundation, also of your Associations' contribution to that splendid cause. A committee of the Provincial Association has kept closely in touch with the steps being taken by the Health Insurance movement in the province and nursing interests have been kept before the Commission. Your local Association has been kept informed of steps taken. Applications for Red Cross enrolment are available from your local and Provincial Secretary. Nurses are urged to enroll for service.

NELSON: A reception was recently held by the Nelson Registered Nurses Association in honour of Miss Agnes Cant, an honorary life-member. Miss Cant has nursed in Nelson for more than twenty-five years, and in all parts of the city her name is held in affection and respect. She has been a loyal supporter of the Association ever since its establishment in 1921, and her life, both professionally and personally, has been a shining example. Miss Cant will in future reside in Galt, Ontario. The large gathering at this reception showed that our regret was shared by a number of friends outside the profession; and that she takes with her the good wishes of the whole city, and its love.

VANCOUVER: The following marriages took place recently: Miss Grace M. Potts (V.G.H.) to Mr. James K. Craigie; Miss Helen A. Wanamaker Fowler (V.G.H.) to Mr. Donald W. Carnegie; Miss Isabel A Cousin (Nicola Valley General Hospital) to Mr. Roy Forsyth; Miss Frances E. Salmon (St. Joseph's Hospital, Victoria) to Mr. David Ryall; Miss Elva M. Shortreed (V.G.H.) to Mr. Anthony P. Hannam; Miss Margaret B. Moffat (V.G.H. and U.B.C.) to Mr. R. H. King; Miss Harriet A. Tuttle (St. Joseph's Hospital, Victoria) to Mr. William L. Ohs.

MANITOBA

BRANDON: The first meeting of the Brandon Graduate Nurses Association was held on October 6, with Mrs. L. Fletcher presiding. Miss B. Brigham introduced the guest speaker, Mr. Wm. Noakes, who gave a delightful account of the Vimy Ridge memorial ceremonies. A social hour concluded the evening.

BRANDON: The Graduate Nurses Association held a meeting at the Mental Hospital on Nov. 4, when the downtown section took charge and Dr. S. Shultz was the speaker of the evening. He gave an interesting illustrated talk on "The treatment of medical diseases by occupational therapy."

ST. BONIFACE: MARRIED: On August 22, 1936, Miss Helen Stephens (St. Boniface Hospital, 1929) to Mr. Whitney McElheran.

MARRIED: On August 20, 1936, Miss Nellie Webster (St. Boniface Hospital, 1929) to Dr. Ross Creighton.

MARRIED: On October 17, 1936, Miss Ellen Banks (St. Boniface Hospital, 1931) to Dr. W. Easton.

WINNIPEG: A meeting of the Manitoba Association of Registered Nurses was held in Winnipeg on October 23, 1936. Owing to the illness of the president, Miss S. Wright, the chair was occupied by Miss Jean Houston, of Ninette. Reports from the various committees were received. The Private Duty Section reported the private duty nurses had voted in favour of an eight-hour day, and asked and received the sanction of the Association in bringing this before the hospitals. Miss Houston announced that the Department of Health

and Public Welfare had granted leave of absence for one year to Miss Gertrude Hall, to enable her to make a survey of the Schools of Nursing in Manitoba, as a basis on which to plan a programme of service to the schools, and with a view to having something definte to offer to a Training School Advisor. Miss Hall will also take over the duties of executive secretary for the Association. Miss Houston also spoke of the re-organization of the Central Directory. Reports of the Biennial Meeting of the Canadian Nurses Association were given by Miss Christina Macleod for the Nursing Education Section, Miss C. Maddin for Public Health, Miss P. Brownell for Private Duty, and Miss Emily Parker's report dwelt on the trends in nursing as seen at the meeting.

WINNIPEG GENERAL HOSPITAL: Miss Gertrude Hall (1921) has been loaned, through the courtesy of the Department of Health and Public Welfare of Manitoba, to act as executive secretary of the Manitoba Association of Reigstered Nurses, for the period of one year. Interesting reports of the Biennial Meeting of the Canadian Nurses Association were given by Miss P. Brownell and Miss E. Parker, at the October meeting of the Alumnae Association. Miss B. Seaman (W.G.H., 1935) and Miss E. Elder (W.G.H., 1935) are taking a postgraduate course in obstetrics and gynaecology at the Royal Victoria Montreal Maternity Hospital. Miss Lynette Gunn (W.G.H., 1920) of the Victorian Order of Nurses, Winnipeg, is taking a postgraduate course at McGill University. Miss Hazel Ingram (W.G.H., 1923) of the Winnipeg branch of the Victorian Order of Nurses is taking a postgraduate course in public health nursing at the University of British Columbia.

NEW BRUNSWICK

SAINT JOHN: A meeting of the Saint John Chapter of New Brunswick Nurses was held recently with the president, Mrs. G. E. Van Dorsser, in the chair. Miss H. Dykeman, Director of Public Health Nursing, informed the meeting that a refresher course for nurses would be conducted by the Department of Public Health which would include special lectures on child hygiene, psychiatry and district nursing. Miss Margaret McJunkin, delegate to the annual meeting of the New Bunswick Association of Registered Nurses, gave a detailed report of the sessions held in Moncton recently. Mrs. Van Dorsser gave a report of the Biennial Meeting of the Canadian Nurses Association.

MARRIED: On September 24, 1936, Miss Agnes Fleuwelling (St.J.G.H., 1932) to Dr. Richard Monahan.

MARRIED: On September 5, 1936, Miss Mildred A. Lutz (St.J.G.H., 1935) to Mr. Wilbur Black.

MARRIED: On September 17, 1936, Miss Christine MacAfee (St.J.G.H., 1931) to Mr. Frank Waring Wetmore.

MARRIED: On September 15, 1936, Miss Hazel Myles (St.J.G.H., 1929) to Dr. Frederick C. Jennings.

ST. STEPHEN: The graduation exercises of the Chipman Memorial Hospital were held recently, when nine nurses received their diplomas. Dr. E. O. Thomas delivered a most helpful address and the Alumnae prize for highest standing for the three-year period was won by Miss N. McCullough. The senior year prize was won by Miss M. McAleenan, the intermediate by Miss M. Williams, and the junior by the Misses D. McMullen and H. McCracken. A reception and dance followed. Miss E. Martin (C.M.H., 1934) is at her home in London, England, and plans to attend the meetings of the I.C.N. Miss Hazel Darker is spending a vacation at her home, Island Brook, P.Q. Sorrow is expressed at the passing of Miss Eva Thomas (Newton Hospital).

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Jessie F. Smith of the School of Nursing of the Toronto General Hospital and of the Public Health Nursing course, University of British Columbia, has succeeded Miss Rolande Blais, who recently resigned as public health nurse for Penetanguishene.

Miss Hilda Pennock of the supervisory staff, Ontario Department of Health, is now in Northern Ontario, and Miss Edna Squires is returning from Rainy River and Thunder Bay districts. Miss Bertha Johnson, who is supplying for Miss Howey, is in Southern Ontario.

DISTRICT 1

LONDON: The first meeting of the Victoria Hospital Alumnae Association following the holiday season, was held on October 6, with the president, Miss McLaughlin, in the chair. Miss Florence Quigley brought an interesting report from the annual meeting of the R.N.A.O. Miss Mildred Walker gave a splendid description of the meeting of the Canadian Nurses Association, held in Vancouver. An interesting report of the conference, arranged by the London Council of Social Agencies, was given by Miss Ruth Kestor.

MARRIED: On September 3, 1936, Miss Mary Nolan (St.J.H.) to Dr. Evariste Durochere.

MARRIED: Recently, Miss Dorothy A. Ellis to Dr. Wilbert W. Holland.

MARRIED: Recently, Miss Gladys I. Woods (Victoria Hospital) to Mr. James R. Morris.

MARRIED: Recently, Miss Nellie Barr (St. J.H., London) to Mr. Herbert Smith.

MARRIED: On October 17, 1936, Miss Jeanne Kennedy (St.J.H., 1934, London) to Mr. Alonza Swift.

PETROLIA: On October 3, the members of District 1, Registered Nurses Association of Ontario, met at the Charlotte Eleanor Englehart Hospital, Petrolia, with an attendance of 76. The invocation was given by Dr. R. J. Hay and addresses of welcome were given by Mayor Frank L. Braybrook and Dr. J. A. Drummond, chairman of the Board of Trustees. A report of the Biennial Meeting of the Canadian Nurses Association was given by Miss Mildred Walker of London. Dr. R. Dougall gave an interesting address on basal metabolism. Members of the executive were guests of Miss F. C. Ritchie, superintendent of the Hospital, at a delightful luncheon. At the close of the meeting the visiting members were guests of the Alumnae Association at tea.

SARNIA: The Alumnae Association of the Sarnia General Hospital recently entertained the student nurses and former members of the Alumnae Association.

MARRIED: Recently, Miss Lenore Wellington (S.G.H.) to Mr. Keith Buchanan.

MARRIED: Recently, Miss Ena Rippen (S. G.H.) to Mr. William Berry.

MARRIED: Recently, Miss Alice Miller (S. G.H.) to Mr. George Witham.

MARRIED: Recently, Miss Alice Bardwell (S.G.H.) to Mr. Robert Boulton.

DISTRICTS 2 AND 3

BRANTFORD: Miss Edith M. Read (B.G.H., 1934) attended the graduation exercises recently held at the School of Nursing, University of Toronto, and received a certificate for the one-year course offered to hospital staff nurses in preparation for teaching and supervision. Miss Nora Hanna, Public Health Nurse, Midland, also received a certificate for the completion of the public health course.

MARRIED: On Oct. 10, 1936, Miss Evelyn Horn (B.G.H., 1935) to Mr. Frederick Given.

GUELPH: Miss H. L. Potts, Woodstock, was re-elected chairman at the annual meeting of Districts 2 and 3, R.N.A.O., held in Guelph on November 4. Miss S. A. Campbell, Guelph, was elected first vice-president; Miss K. Charnley, Brantford, second vice-president, and Miss H. D. Muir, Brantford, secretary-treasurer. Miss M. Meggitt was elected councillor for Brant County and Miss C. Jackson, representative for nurse education. Dr. S. C. Schofield gave an impressive address on "How knowledge is gained." Miss Helen Patterson, of Toronto, has accepted a position with the Victorian Order Nurses, Brantford.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: A meeting of the Alumnae Association of the Hamilton General Hospital was held on November 3 with a good attendance. A delightful musical programme was given by Miss Charlotte Currah, Miss Marjory Unsworth and Dr. Harry Martin.

MARRIED: Recently, Miss Mary E. Smith (H.G.H., 1935) to Mr. Gordon G. Fletcher.

MARRIED: Recently, Miss Margaret L. Kennedy (H.G.H., 1934) to Mr. Douglas H. Reid.

MARRIED: Recently, Miss Gladys Demoulin (H.G.H., 1933) to Dr. W. Stanley.

MARRIED: Recently, Miss Elsie Hazelwood (H.G.H., 1933) to Mr. Norman Letheren.

HAMILTON: ST. JOSEPH'S HOSPITAL: Miss Madeleine Baker, of London, chairman of the private duty section, R.N.A.O., addressed graduates and senior nurses of the Hamilton General and St. Joseph's Hospitals on November 5 at Undermount. Misses B. Cronin and K. Kieffer have accepted positions in New York. Miss Muriel Brown has returned from a six months' postgraduate course in New York. The quarterly meeting of the Alumnae Association took place on October 6. Miss K. Crane was nominated convener for election of officers, to take place at the meeting in December.

DISTRICT 5

BARRIE: The regular fall meeting of District 5, Registered Nurses Association of Ontario, was held in Barrie with about one hundred and twenty-five members present from various points, including Toronto, Oshawa, Orillia, Gravenhurst, Collingwood and Whitby. Mayor H. G. Robertson extended a civic welcome, and the Misses Kearns, Ryan and Mrs. Hardy sang delightful solos during the afternoon's programme. Miss M. Fleming, supervisor for the district of Barrie of the Ontario Department of Public Welfare, gave an interesting paper on "Child welfare," in which she stressed the value of the regulations of the Department, and how they were being carried out. Miss Beulah Scott, Victorian Order of Nurses, Barrie, gave an account of a busy day's work in Barrie. Hon. Dr. E. J. Simpson, Ontario Minister of Education, was the afternoon speaker and took as his subject "The value of hospitals in a community, and the nursing profession." He stated that there was a great increase in service to poor people during the past fifty years. He declared that the great work of Florence Nightingale was mainly responsible for the beginning of the change, and stated that a fundamental revolution in medical conception had also played a prominent

part. High tea was served and the members of the Barrie Nurses Alumnae Association of the Royal Victoria Hospital, and the members of the local branch of the Florence Nightingale Association, assisted in looking after the guests.

At the evening session Mr. H. M. Lay, chairman of the Board of Governors of the Royal Victoria Hospital, extended a welcome. Miss Ethel Cryderman, President of the Registered Nurses Association of Ontario, gave a splendid report of the Biennial Meeting of the Canadian Nurses Association. Miss Ethel Greenwood, Toronto, gave a special report on the Permanent Education Fund. Miss M. Fitzgerald, Toronto, explained the value of forming a chapter within the section.

DISTRICT 5

ORILLIA: A second Chapter of District 5, Registered Nurses Association of Ontario was formed in Orillia on September 30. The following members were appointed officers for the coming year: Chairman, Miss O. Waterman, superintendent, Orillia Soldiers' Memorial Hospital; vice-chairman, Miss Baker, superintendent, the Midland Hospital; secretary-treasurer, Miss H. Law, Victorian Order Nurse, Orillia. Superintendents of hospitals in each town were appointed representatives: *Barrie*, Miss MacArthur; *Orillia*, Miss O. Waterman; *Midland*, Miss Baker; *Collingwood*, Mrs. S. A. Price; *Penetang*, Miss MacDonald; *Alliston*, Miss Campbell. The first regular meeting was held in the Midland Nurses Residence on October 9. We plan to meet monthly in different towns (weather permitting). The fee for membership is twenty-five cents the first year, and at present we have seventeen paid-up members.

TORONTO: The fifth annual meeting of the Ontario branch of the Catholic Hospital Association of the United States and Canada was held during October. There was a good attendance comprising 125 delegates representing 29 Catholic Schools of Nursing. Miss E. K. Russell, Director of the School of Nursing, University of Toronto, spoke of the origin and function of the Florence Nightingale International Foundation. The president's address, by Sister M. Patricia, Superior of St. Joseph's Hospital, London, Ont., revealed the strong position of the Ontario organization, and stressed the value to Canadian hospitals of membership in the Catholic Hospital Association of the United States and Canada, with its international executive.

Speaking on the subject of hospital administration Dr. G. Harvey Agnew, Secretary of the Department of Health of the Canadian Medical Association, showed the vital importance to successful hospital management of a

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trained personnel in every department, and of effective internal co-operation resulting from mutual confidence and close co-ordination of action with the Board of Trustees. Among other prominent speakers were: Sr. Helen Jarrell, R.N., M.A., Dean of Loyola University School of Nursing, Chicago, Ill., who stressed the necessity of efficiency in hospital personnel, and Sr. M. Henrietta, R.N., B.Sc., M.A., Educational Director of St. Mary's School of Nursing, Kansas City, Mo., who dealt with the "Proposed Curriculum for Schools of Nursing in Canada," and the development of ward teaching methods. The officers elected were: President, Sister M. Monica, Hamilton; first vice-president, Mother St. Joseph, Peterborough; second vice-president, Mother Aloysia, Kingston; third vice-president, Sister St. Alban, Ottawa; secretary-treasurer, Sister M. Norine, Toronto; executive committee: Mother Margaret, Toronto; Mother Patricia, London; Sr. St. George, Cornwall; Sr. Flavian, Brockville; Sr. Felicitas, North Bay.

TORONTO GENERAL HOSPITAL: Miss Agnes Neill (T.G.H., 1925) has completed a postgraduate course at Bedford College, London, England, and is now on the staff of the Training School Office. Miss Patricia Collins (T.G.H., 1933) has been transferred from the staff of the out-patients department to the Training School Office. Miss Mary Bourne (T.G.H., 1934) has taken the position of assistant head nurse on Ward G. Miss Ruth Duff (T.G.H., 1935) has been appointed as assistant head nurse on Ward I. Miss Betty Watson (T.G.H., 1934) is now teaching supervisor in the out-patients department. Miss Jean McLean (T.G.H., 1930) has been appointed head nurse on Ward D. Miss Mary Phillips (T.G.H., 1935) has been appointed to the position of relieving night supervisors in the Main Building of the hospital.

The following T.G.H. graduates are registered at the School of Nursing for postgraduate work: Viola Capp, 1932; Muriel Miller, 1928; Jessie Smith, 1934; Marion Thompson, 1936; Doran Bennest, 1936; Ruth Breithaupt, 1932; Arleigh Comstock, 1935; Edith Hendry, 1934; Edythe McColl, 1936; Isabel Robertson, 1936; Elizabeth Thomson, 1935; Mary Patterson, 1936.

The regular fall meeting of the Alumnae Association was held on October 7 and the refresher course was a great success. The speakers and their subjects were as follows: Dr. H. W. Johnston, "Recent advance in gynaecology"; Dr. R. F. Farquharson, "Endocrine disease and its treatment"; Dr. Gladys Boyd, "New developments in paediatrics"; Dr. C. B. Farrar, "Social aspects of disease."

TORONTO WESTERN HOSPITAL: A successful tea was held recently by the Alumnae Association.

MARRIED: On September 24, 1936, Miss Jean Dick (W.H.D., 1929) to Mr. Arthur Black.

MARRIED: On September 29, 1936, Miss Daisy McCleary (W.H.D., 1924) to Mr. Harold Campbell.

MARRIED: Recently, Miss Anne Woodward (W.H.D., 1929) to Dr. Cyril MacLean.

TORONTO WESTERN HOSPITAL: In the November issue of the *Journal* personal items appeared concerning the following nurses: Mrs. Elizabeth Duff, Miss Helen Lane, Miss Marian Wylie, Miss Ruth Kenny, Mrs. Wilhelmina Davis (née Jones), Miss Irene Carpenter, Miss Arvella Carnegie, Miss Nellie Allibon, Miss Verna Young.

These nurses are graduates of the School of Nursing of the Toronto Western Hospital and not of Grace Hospital as stated in error.

DISTRICT 6

BELLEVILLE: Chapter A, District 6, held their regular meeting at Belleville on October 14. The following officers were elected: President, Miss V. Grose; vice-president, Miss M. J. Youmans; secretary-treasurer, Miss B. S. Allen; membership convener, Miss Ada Chatterson; nursing education convener, Miss F. C. McIndoo; public health convener, Miss B. Soutar; private duty convener, Miss Helen Fitzgerald; history convener, Miss Florence Fitzgerald; representative to *The Canadian Nurse*, Miss Lucille Bertram; flower committee, Miss Ruby Windsor; visiting committee, Miss Nettie Brown; enrolment officer, Miss Josie Sampson. Miss Florence Fitzgerald gave an interesting talk on her trip to Vimy.

PETERBOROUGH: A meeting of Chapter C, District 6, R.N.A.O., was held in the Nicholls Hospital on October 21. Miss Alma Dobbin, the retiring president, was presented with a yellow pottery bowl and Miss Vickers, retiring secretary, with a crystal sandwich plate in appreciation of their splendid services during a highly successful year.

DISTRICT 7

KINGSTON: The annual meeting of the Kingston General Hospital Alumnae Association was held on October 27, with Miss Baillie presiding. The meeting was devoted to reports from various committees, and the work was re-organized for the coming year. The secretary made a gratifying report of the year's activities and the treasurer reported the Association to be in good financial standing.

MARRIED: On October 19, 1936, Miss Mabel Gardiner (K.G.H., 1933) to Dr. F. W. Atack.

MARRIED: On October 8, 1936, Miss Norma Stuart (K.G.H., 1930) to Mr. Stevenson.

MARRIED: On October 29, 1936, Miss Jean Ham (K.G.H., 1934) to Mr. Ashton Johnston.

MARRIED: On October 27, 1936, Miss Bessie Ewing (K.G.H., 1931) to Mr. P. J. McDonough.

MARRIED: On October 26, 1936, Miss Audrey Warwick (K.G.H., 1934) to Mr. J. E. Delaney.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: A meeting of the Alumnae Association was held recently. Reports of the Biennial Meeting of the Canadian Nurses Association were given by Miss E. B. Rogers and Miss Gertrude Ferguson.

MARRIED: On Oct. 31, 1936, Miss Gertrude Moloney (O.C.H., 1927) to Captain Percival Holt.

MARRIED: On Nov. 7, 1936, Miss Gertrude MacDonald (O.C.H., 1929) to Mr. Ernest Holland.

OTTAWA GENERAL HOSPITAL: The Alumnae Association held a successful bridge recently. Miss Mary Henderson has accepted a position with the International Paper Company.

MARRIED: On Oct. 17, 1936, Miss Mary Larose (O.G.H., 1927) to Dr. J. P. Benfield, Jr.

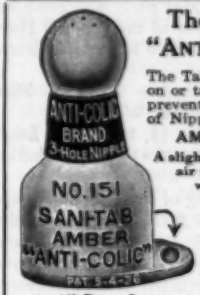
MARRIED: On Oct. 17, 1936, Miss Eileen O'Neil (O.G.H., 1927) to Mr. O'Neil.

MARRIED: On Oct. 17, 1936, Miss Pamela Dumas (O.G.H., 1925) to Mr. Murchand.

OTTAWA: Miss Mary Acland has recently resigned as assistant superintendent of Strathcona Hospital and is leaving for California where she expects to spend the winter. Miss Kate McIlraith has been appointed to succeed Miss Della MacGregor as superintendent of the Ottawa district of the Victorian Order of Nurses.

DISTRICT 9

SAULT STE. MARIE: Miss Alice M. McGregor (Plummer Memorial Public Hospital, 1933) has completed a year's study in hospital administration and public health, at the School of Nursing, University of Toronto. She has been appointed superintendent of nurses of the Plummer Memorial Hospital, replacing Miss Ann Wensley, who recently resigned to be married. Miss Dorothy Foster has been appointed X-ray technician in the Plummer Memorial Hospital. She recently completed a three months' course in radiology in New York. Miss Evelyn Hoodless (Plummer Memorial Public Hospital, 1933) has been appointed assistant supervisor of the obstetrical department of the Women's Hospital, New



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York. A successful bridge party was given by the Alumnae Association of the General Hospital, the proceeds to be used to purchase linen for the nurses' room.

MARRIED: On September 9, 1936, Miss Ann Wensley to Mr. Elmer W. West.

MARRIED: On October 13, 1936, Miss Ethel Fry (General Hospital, 1934) to Mr. Charles L. Rooney.

SUDBURY: A meeting of the Sudbury Chapter of District 9, R.N.A.O., was held at the St. Joseph's Hospital recently. Miss Jane Thomas, chairman, presided. Dr. Morgan gave an interesting and instructive talk on tuberculosis. Articles from *The Canadian Nurse* concerning the Dominion Registration and reports of the Biennial Meeting of the Canadian Nurses Association were submitted by the chairman, and discussed. Miss A. Chevrefils was appointed representative to *The Canadian Nurse*.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The members of the Registered Nurses Association of Prince Edward Island were honoured in having as their guest at a special meeting Miss E. MacPherson Dickson, chairman of the national committee on Dominion Registration. She gave an excellent report of the work already accomplished by her committee, and outlined plans for the future. We were fortunate in having her with us and the nurses are deeply appreciative of the privilege of hearing her.

At the registration examinations recently held in Charlottetown, fifteen nurses received their certificates, and became members of the Provincial Association. Four of the public health nurses from Prince Edward Island attended the refresher course, conducted in Saint John, N.B., by the New Brunswick Department of Health.

Miss Mary Kelly, of New York City, recently gave an instructive lecture to the student and graduate nurses of the Charlottetown Hospital on "Reading good literature."

Among the nurses taking part in the Vimy Pilgrimage were the Misses W. Schurman, M. Slackford, J. Townsend, I. Gillan and A. Mair. Miss Schurman and Miss Slackford are remaining in London for postgraduate work, the other members of the party returned recently, after having spent two months in England and on the Continent. While in London these nurses visited Bedford College, Manchester Square, and St. Thomas's Hospital. Miss A. Rodgerson and Miss B. McKenzie have been spending a pleasant holiday in Boston, Mass.

MARRIED: On September 23, 1936, Miss Josepha Des Roches (Charlottetown Hospital, 1934) to Mr. Wilfred McNally.

SUMMERSIDE: The second quarterly meeting of the Registered Nurses Association of Prince Edward Island was held recently at the Prince County Hospital, Summerside, the President, Miss Mair, presiding. Nurses from Charlottetown and surrounding districts were in attendance. A special feature was a talk by Sister St. Stanislaus, of the City Hospital, Charlottetown, who was a delegate to the Biennial Meeting of the Canadian Nurses Association. Another pleasing feature was an interesting description of the Vimy Pilgrimage given by Miss Jean Townsend, public health nurse for Prince Edward Island, who has just returned from abroad. Afternoon tea was served by Miss Lavers, superintendent of the Prince County Hospital, assisted by the nursing staff.

QUEBEC

MONTREAL: HOMOEOPATHIC HOSPITAL: The following marriages have taken place recently: Miss Anne Wyatt (class of 1929) to Mr. Cecil Pollock; Miss A. Davis (class of 1932) to Mr. Fred Barnes; Miss Eva Ashby (class of 1929) to Mr. Fred Webster.

QUEBEC: The annual meeting of the Alumnae Association of the School of Nursing of Jeffery Hale's Hospital opened with an interesting illustrated lecture on new methods in treatment of fractures and varicose ulcers given by a representative of Smith and Nephew. Miss Armour was chosen to place the wreath at the Cross of Sacrifice on Armistice Day. Officers were elected for the coming year as follows: Hon. president, Mrs. S. Barrow; president, Mrs. C. Young; first vice-president, Mrs. M. Craig; second vice-president, Miss N. Martin; recording secretary, Miss M. Rawland; corresponding secretary, Miss M. Fischer; treasurer, Miss E. H. McHarg; *Councillors*: Miss R. Christie, Miss M. Lunan, Miss P. Rand, Miss M. Green, Mrs. D. Jackson;

Committees: visiting, Mrs. S. Barrow, Miss M. Cochrane, Mrs. T. H. Buttermore; refreshment, Miss P. Rand, Miss T. Arnott, Miss R. Christie, Miss G. Lawrence; representatives: to Private Duty Section, Miss E. Walsh; to *The Canadian Nurse*, Miss G. Weary. Miss P. Bruce (J.H.H., 1936) has accepted a position on the staff of the Damie Warren Hospital, Sussex, N.B.

SASKATCHEWAN

REGINA: Miss Gladys MacDonald, of the Regina School of Nursing staff, has been elected president of the Regina Branch, S.R.N.A., thus filling the vacancy created by Miss Prior's resignation. Miss Helen LeFebvre has been appointed secretary. The private duty section of the Regina Branch, S.R.N.A., held a special meeting, at which they discussed a possible eight-hour day for special nurses in hospitals, and also conditions regarding twenty-four-hour duty in the home. Resolutions regarding same have been sent to the Regina Branch of the S.R.N.A. for consideration. At the regular meeting of the section the report of the committee on Functions and Standards in Private Duty Nursing was discussed.

REGINA: The Regina General Hospital Alumnae Association recently raffled a case of Lady Hamilton flat silver and cleared $87.75.

MARRIED: On October 17, 1936, Miss Kathleen Roantree (R.G.H., 1935) to Mr. Donald Swinnerton.

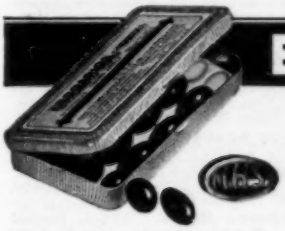
REGINA: Miss Florence Troughton (R.G.H., 1935), the winner of the 1936 Carss Scholarship, and Miss Marion Thompson, supervisor of the Cancer Department, have entered the School for Graduate Nurses, McGill University for their postgraduate course in Teaching and Supervision. Miss Doris Begg (R.G.H., 1935), night supervisor of the obstetric ward, has been awarded a scholarship and is now taking a three months' course in obstetrical nursing at the Royal Victoria Montreal Maternity Hospital. Miss Ruth Carter (R.G.H., 1935) has been appointed assistant supervisor in the operating room. Miss Gertrude Keohane (R.G.H., 1936) is taking a postgraduate course in Obstetrical Nursing at the Royal Victoria Montreal Maternity Hospital.

SASKATOON: A home-coming tea was arranged recently by the Alumnae Association of St. Paul's Hospital. An honoured guest at the tea was Miss Ruby Simpson, O.B.E., president of the Canadian Nurses Association. At the close of her address a new constitution for the

(*Continued on page* 589)

A FINE RECORD

On November 9, 1936, Mr. Frank Goodchild, President of J. & J. Cash Inc. of the United States and Canada, will have completed fifty years of service with his company, whose main lines are the well-known Cash's Woven Names. No change in fashion during the past fifty years has had any influence on these products except to extend their fields of usefulness. Hardly a hospital or other institution but what uses Cash's Names for identification purposes. Much of this success has been due to Mr. Goodchild's good sense and personality.



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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, 1396 St. Catherine Street West, Montreal; TREASURER: Miss A. J. MacLeod, General Hospital, Vancouver.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4 St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors:* Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave. Winnipeg; First Vice-President, Miss J. Houston Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board:* Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. Van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss W. MacLean; Hon. Sec., Sister Kenny; *Councillors:* Miss Miller, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss Moffat and Miss McMullen, St. Stephen; Miss Murdoch, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections: Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. A. Burns; *Conveners of Committees: Constitution and By-Laws*, Miss H. S. Dykeman; *Representative to The Canadian Nurse*, Miss M. Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1:* Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4:* Chairman, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5:* Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6:* Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7:* Chairman, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary Treasurer, Miss Dorothy Driffield, Box 612, Smiths Falls; *District 8:* Chairman, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9:* Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10:* Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors:* Misses F. Connolley, A. Claypole. L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors:* Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 6, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K Bayley; Secretary, Miss G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors:* Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Sec.-Treas., Miss Robena Buchanan, Sanatarium P.O., Gravenhurst; *Councillors:* Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections: Private Duty*, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson. Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Ellen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office:* Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections: Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College Montreal, Miss K. L. Annesley, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees: Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Miss L. Altrux; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners: Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Registered Nurses Association

President, Miss M. J. Leslie; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss M. Ahier; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners: Programme*, Miss V. B. Eidt; *Social*, Miss S. Keeler; *Visiting*, Mrs. D. C. Fraser; *Membership*, Miss E. Higginbotham; *Ways and Means*, Mrs. M. Laing; *Private Duty*, Miss L. McVicar.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt, *Executive*, Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners: Press*, Miss H. Paterson; *Visiting*; Miss Whale; *Programme*, Mrs. Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Refreshment*, Mrs. Driscoll.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive:* Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee:* Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors:* Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill, Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margarson; *Press*, Miss Parkhill; *Representatives:* to *Local Council of Women*, Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital, Corresponding Secretary, Miss H. Ross, 200 Garfield St.; Treasurer, Miss L. A. Warner, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners: Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss J. Moody, 99 George St.; Assistant Editor, Miss H. Miller; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative* to *The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel, Second Vice-President, Miss M. Fillmore; Treasurer, Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan. Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee:* Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas.; Miss P. Palmer, Woodstock; *Executive Committee:* Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees: Visiting,* Mrs. A. Wart; *Programme,* Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative,* Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

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A.A., School for Graduate Nurses, McGill University, Montreal

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NEWS NOTES—*Continued*

Alumnae Association was agreed upon. Miss Simpson also spoke at a charmingly arranged dinner over which the president of the Association, Miss Eugenie Lepine, presided. Some fifty members were present. Miss Simpson gave a vivid description of the activities of the Canadian Nurses Association and told, too, of those of the International Council of Nurses whose next congress will be held in London in 1937.

SASKATOON: Miss I. M. Rooke (S.C.H., 1932) is taking a postgraduate course at the Alexandra Hospital, Montreal. At the November meeting of the Saskatoon Registered Nurses Association, Dr. J. A. Valens gave an interesting address on "Pioneering in Saskatchewan."

THE CANADIAN NURSE

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